



California's HMO Guide

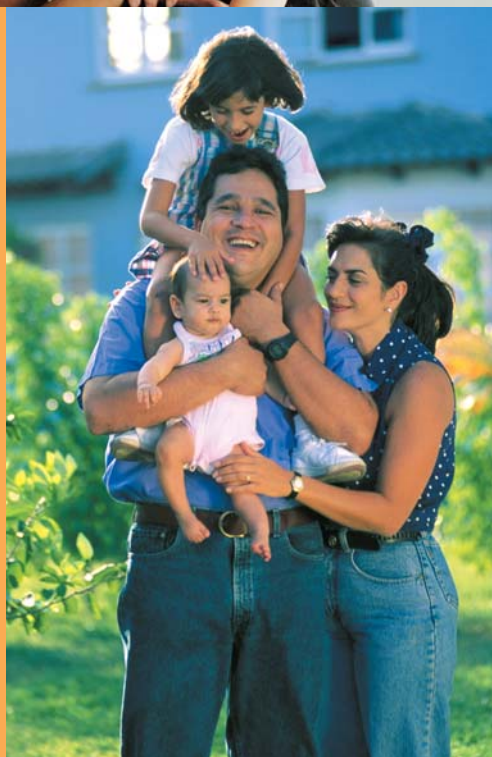
Getting
the Most
from Your
HMO



Gray Davis
GOVERNOR
State of California

Maria Contreras-Sweet
SECRETARY
*Business, Transportation
& Housing Agency*

Martin Gallegos, DC
DIRECTOR/PATIENT ADVOCATE
Office of the Patient Advocate



The State of California
.....
OFFICE OF THE PATIENT ADVOCATE



At the Office of the Patient Advocate, our goal is to help consumers get the care they need from their HMOs. We offer this guide to help you learn about your rights and understand how your HMO works.

This guide will give you tips and resources to assist you in getting the services you need. We hope that you and your family will find it helpful and use it often.

Sincerely,

Martin Gallegos, DC
DIRECTOR/PATIENT ADVOCATE
Office of the Patient Advocate

To order a free copy of California's HMO Guide:
Call **1-866-466-8900**. Quantities are limited.

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THE UNIVERSITY OF CALIFORNIA, BERKELEY

California's HMO Guide is produced by the University of California, Berkeley, in collaboration with the state Office of the Patient Advocate and communities throughout California.

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THE UNIVERSITY OF CALIFORNIA, BERKELEY, WISHES TO THANK

Ed Mendoza, Cori Reifman, Susan Meier and Agustin Maravilla of the Office of the Patient Advocate for the commitment and coordination they brought to the development of this guide; Bobbie Reagan and Penny Fowler of the HMO Help Center for their contributions to content.

Nancy Oster for her contributions to content; Robin L. Goldfaden for her expertise and careful commentary; Elena Conis and Marilyn Mansfield for editing; Barbara Facey and Mike Doyle of the UC Office of the President for review and support; Deborah Lloyd and Edie Charlot of the UC Human Resources Department for information and assistance; Bill Martin for design consultation; Sylvia Caras, Sharon Clausen and Judi Rogers for review; Clare Watsky for indexing; Lacy Clayton, Mona Desai, Gladys Fleitas, Cheryl Iny, Alice Kuo and Vanessa Lee for research.

THE OFFICE OF THE PATIENT ADVOCATE AND THE UNIVERSITY OF CALIFORNIA, BERKELEY, WOULD LIKE TO OFFER SPECIAL THANKS

To the many representatives of consumer assistance groups, patient advocacy organizations and HMOs who contributed to the development of this guide; the many California HMO members who have contributed to the content and format; the many organizations and agencies that have worked with us, including WIC, the Black Women's Health Project, community centers, cultural centers and senior centers throughout California, the California Department of Health Services, the California Department of Managed Health Care, and the U.S. Department of Labor, Pension and Welfare Benefits Administration.

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My Fellow Californians:

Sometimes choosing an HMO or getting the services you need can be overwhelming, and you may not know where to turn. *California's HMO Guide* can be a helpful first step.

This guide, produced by the California Office of the Patient Advocate and the University of California, Berkeley, provides important information on how to use your HMO and what to do if you have a problem. It can also direct you to other useful resources.

California's HMO Guide is just one of the many results of the nation's most comprehensive HMO reform legislation. I signed that legislation in 1999 to protect consumers and ensure the highest quality of health care for HMO patients.

I hope that you will use this guide whenever you have questions and that it will help you and your family get the care you need and expect.

Sincerely,

Gray Davis

Governor Gray Davis
State of California



A Message from Maria Contreras-Sweet

Welcome to California's new HMO guide! We all appreciate the importance of understanding how the managed care system works, but at times it can seem complicated and overwhelming. As health care consumers, however, it is critical to be armed with knowledge of our rights and responsibilities so that we can be effective advocates for our own health, the health of our families and, in some cases, the health of our employees.

California's HMO Guide was designed to help you find the information you need, when you need it, and have it presented in a way that is clear, concise and meaningful. I hope this guide will be a useful tool for making the important health care decisions ahead.

Please take the time to read *California's HMO Guide* and become familiar with its content. We can all play a role in ensuring a healthy California.

Maria Contreras-Sweet

Maria Contreras-Sweet

SECRETARY

Business, Transportation & Housing Agency



Office of the Patient Advocate

A Voice for You

The Office of the Patient Advocate works together with the Department of Managed Health Care to make sure Californians receive quality health care.

HMO Report Card

The Patient Advocate's Report Card on California's HMOs lets you see what other consumers say about their HMOs, so you can choose the plan that's best for your needs.

Learning the ABCs of HMOs

The Patient Advocate's educational guides explain your rights and responsibilities and help you get the health care services you need.

Mobile Information Center

The Patient Advocate's Mobile Information Center travels across the state to inform consumers about protecting their rights and getting the most from their HMOs.

HMO Help Center

The HMO Help Center is a toll-free help line for all California HMO members. The Patient Advocate makes sure the HMO Help Center provides the highest levels of quality and service, in multiple languages and in formats that can be used by all Californians, including those with disabilities. Call 1-888-HMO-2219.



Augie Maravilla/Office of the Patient Advocate



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Human Issues Collaborative



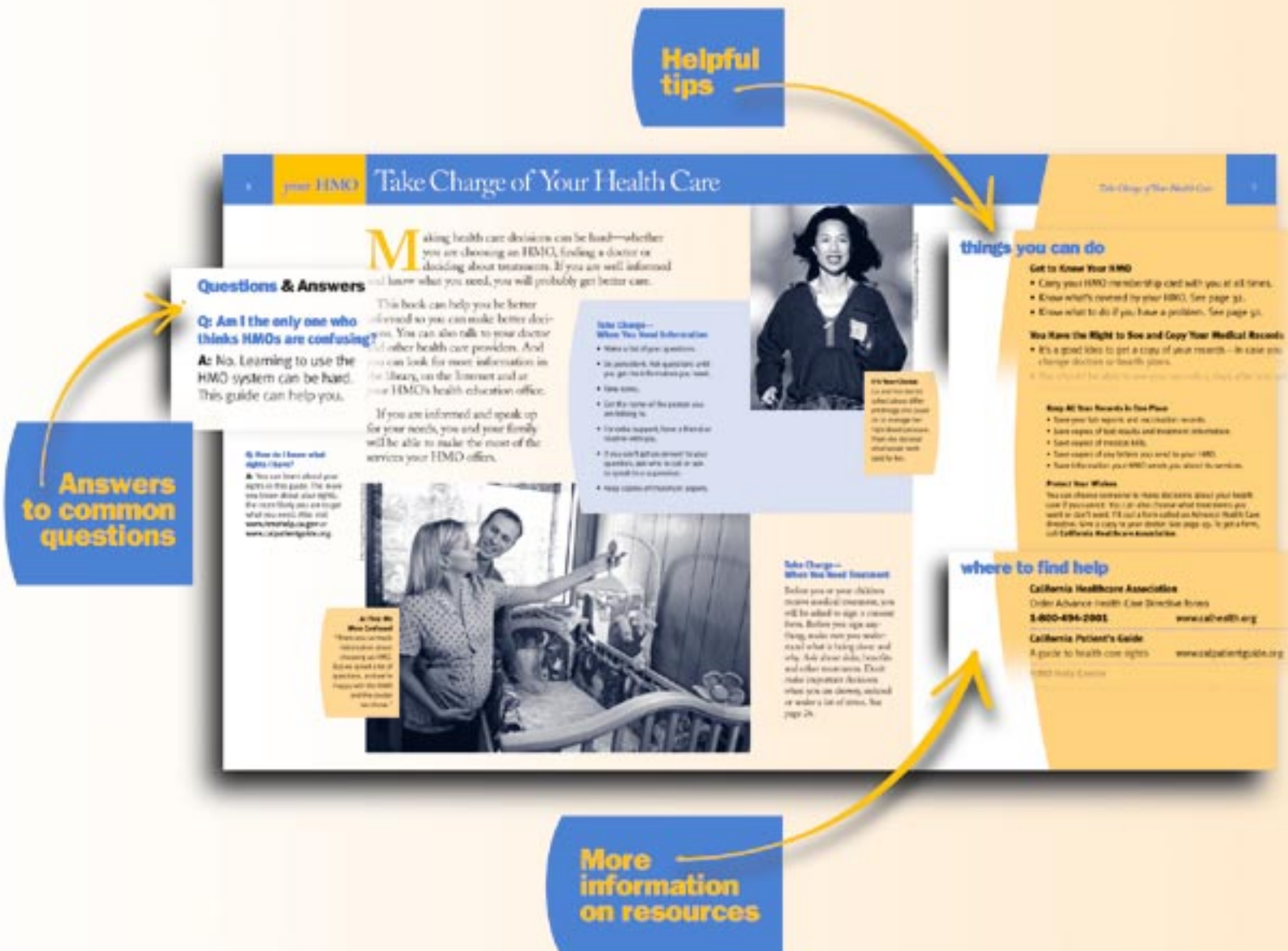
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California's HMO Guide is a tool to help you understand and work with your HMO (health maintenance organization). This guide has answers to some of your most common questions. It does not offer legal advice, but it will tell you about your general rights. It will tell you some places you can go to find more help, and more information about your rights.

When you use this guide, remember that each HMO is different. Call your own HMO for more information. [See page 60](#) for phone numbers for most California HMOs.



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Questions & Answers

Q: Why do I need health insurance?

A: Insurance costs a lot, but if you don't have it, one accident or serious illness could leave you in debt.

Q: Can I keep my old doctor if I join an HMO?

A: Only if your doctor belongs to the HMO's network. Otherwise you must choose a new doctor in the HMO's network. [See page 22.](#)

Q: Will I be able to see a specialist if I need one?

A: Yes, but you will have to follow your HMO's referral guidelines. Usually you must see a specialist in the HMO's network. [See page 38.](#)

Q: Can I keep my HMO if I move to another city?

A: It depends on your HMO's service area. This is the specific area your HMO serves. If you are outside that area, only emergency or urgent care is covered. [See page 44.](#) HMOs can change areas. They can move into or out of the area where you live.

Most people in California belong to a health maintenance organization—an HMO. Like other kinds of health insurance, HMOs have guidelines for getting services. This guide can help you learn about these guidelines and get the services you need.

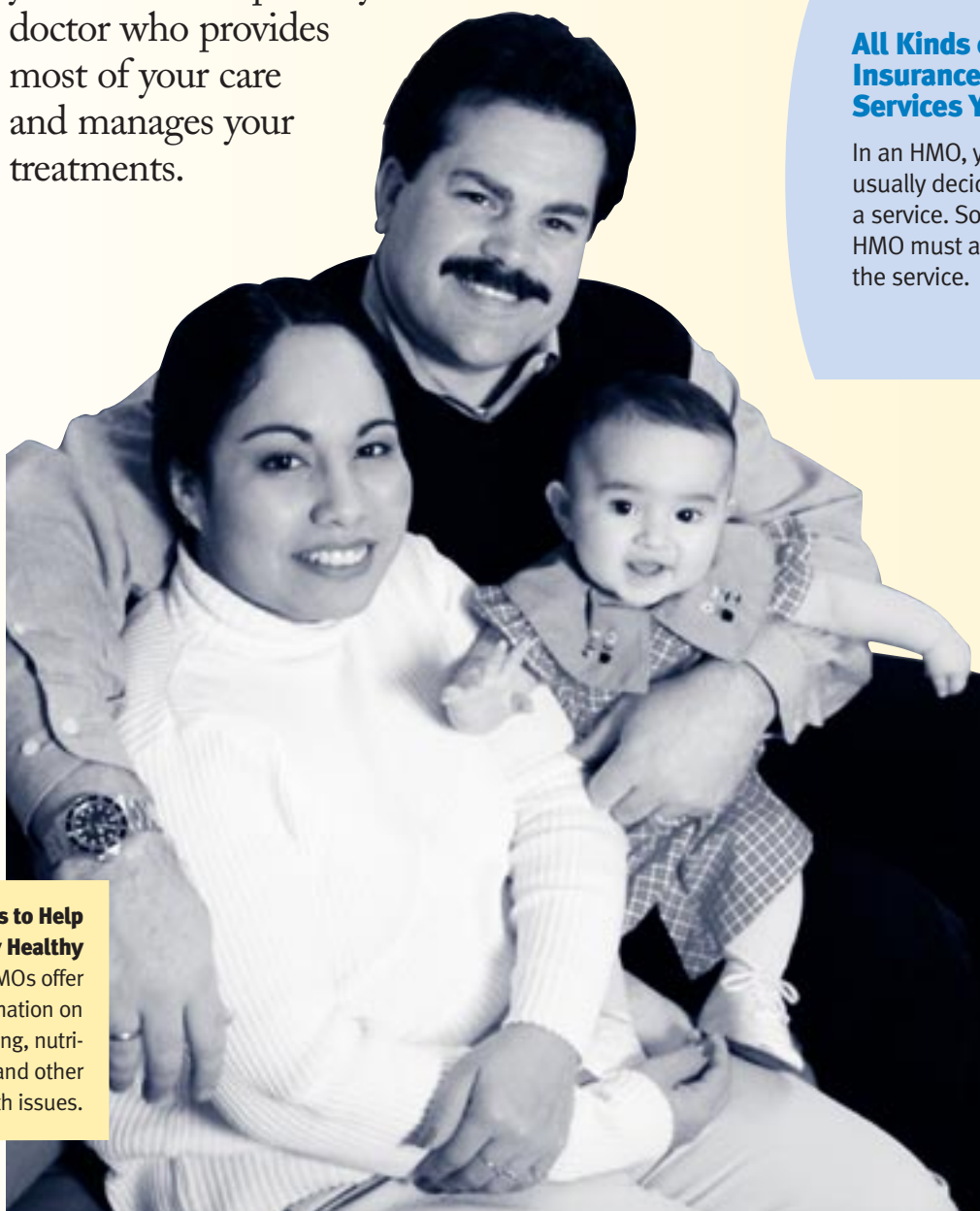
HMOs differ from most other kinds of health insurance in several ways. Each HMO has a network of doctors, labs, hospitals and other providers that work for the HMO or have a contract with it. You will get your health care services from the providers in this network. And usually you will have a primary care doctor who provides most of your care and manages your treatments.

All Kinds of Health Insurance Limit the Services You Get

In an HMO, your doctor usually decides if you need a service. Sometimes your HMO must also approve the service.

Services to Help You Stay Healthy

Many HMOs offer information on parenting, nutrition and other health issues.





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Tom Likes His HMO

"I know where to go and what to expect." But Ed disagrees. "The plan at my new job is an HMO. I had to change doctors, and I can't see the specialists I used to see."

HMOs Limit Which Doctors You Can See

Usually, an HMO pays only for services you get from the doctors, hospitals and other providers in its network. Ask for a list of your HMO's providers.

things you can do**If You Have Health Insurance Through Your Job**

- Most people get health insurance through their job. Insurance you get through a job is called group coverage.
- Ask for information about all the plans your employer offers. The plans can change from year to year. The benefits and fees in each plan can also change.
- Your dependents, such as your spouse, domestic partner or children, may get insurance through your job. If they are no longer your dependents or your insurance changes, their insurance changes, too. [See page 14.](#)

There Are Different Kinds of HMOs

- Most HMOs have contracts with many doctors and hospitals. Each doctor may belong to several HMO networks.
- In some HMOs the providers work for the HMO and all their patients belong to that HMO.
- For information on Medi-Cal HMOs, [see page 18.](#)
- For information on Medicare HMOs, [see page 20.](#)
- For low-cost HMOs for women and children, [see page 36.](#)
- For general information on HMOs, visit www.opa.ca.gov.

Help with Your Health Plan

- If you have a question or a problem, first call your HMO's **Member Services**. Find the number on your membership card or [on page 60.](#)
- If you have a problem you can't resolve with your HMO, [see page 50](#) or call **HMO Help Center**.
- If your health plan is not an HMO, you can get help from **Department of Insurance**.

where to find help**Department of Insurance**

Information and help for consumers

1-800-927-4357

www.insurance.ca.gov

HMO Help Center

Information and assistance for California HMO members

1-888-HMO-2219

www.hmohelp.ca.gov

Member Services

To find your HMO's phone number, [see page 60](#)

Office of the Patient Advocate

Report cards with information on California HMOs

1-866-466-8900

www.opa.ca.gov

Notes:

Questions & Answers

Q: Am I the only one who thinks HMOs are confusing?

A: No. Learning to use the HMO system can be hard. This guide can help you.

Q: Does it help to speak up about a problem?

A: Yes. Studies have shown that hospital patients who complain and demand better care really do get better care. They also recover faster.

Q: How do I know what rights I have?

A: You can learn about your rights in this guide. The more you know about your rights, the more likely you are to get what you need. Also visit www.hmohelp.ca.gov or www.calpatientguide.org.

Making health care decisions can be difficult—whether you are choosing an HMO, finding a doctor or deciding about treatments. If you are well informed and know what you need, you will probably get better care.

The information in this book can help you make better decisions. You can also talk to your doctor and other health care providers. And you can find more information in the library, on the Internet and at your HMO's health education office.

If you are informed and speak up for your needs, you and your family will be able to make the most of the services your HMO offers.

Take Charge— When You Need Information

- Make a list of your questions.
- Be persistent. Ask questions until you get the information you need.
- Take notes.
- Get the name of the person you are talking to.
- For extra support, have a friend or relative with you.
- If you can't get an answer to your question, ask who to call or ask to speak to a supervisor.
- Keep copies of important papers.

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At First We Were Confused

"There was so much information about choosing an HMO. But we asked a lot of questions, and we're happy with the HMO and the doctor we chose."



© Joe Patronite/Gettyimages/The Image Bank

It's Your Choice

Lia and her doctor talked about different things she could do to manage her high blood pressure. Then she decided what would work best for her.

Take Charge— When You Need Treatment

Before you or your children receive medical treatment, you will be asked to sign a consent form. Before you sign, make sure you understand what is being done and why. Ask about risks, benefits and other treatments. Don't make important decisions when you are drowsy, sedated or under a lot of stress. [See page 26.](#)

things you can do

Get to Know Your HMO

- Carry your HMO membership card with you at all times.
- Know what's covered by your HMO. [See page 32.](#)
- Know what to do if you have a problem. [See page 50.](#)

You Have the Right to See and Copy Your Medical Records

- It's a good idea to get a copy of your records—in case you change doctors or health plans.
- You should be able to see your records 5 days after you ask for them in writing.
- In most cases, your records are private. They must be kept confidential unless you give written consent.
- If you disagree with something in your records, call your **Member Services**. Visit www.calpatientguide.org.

Keep All Your Records in One Place

- Save your lab reports and vaccination records.
- Save copies of test results and treatment information.
- Save copies of medical bills.
- Save copies of any letters you send to your HMO.
- Save information your HMO sends you about its services.

Protect Your Wishes

You can choose someone to make decisions about your health care if you cannot. You can also choose what treatments you want or don't want. Fill out a form called an Advance Health Care Directive. Give a copy to your doctor. [See page 49.](#) To get a form, call **California Healthcare Association**.

where to find help

California Healthcare Association

Free Advance Health Care Directive forms

1-800-494-2001

www.calhealth.org

California Patient's Guide

A guide to health care rights

www.calpatientguide.org

HMO Help Center

Information and assistance for California HMO members

1-888-HMO-2219

www.hmohelp.ca.gov

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: My employer offers only one plan, but I'm not happy with it. What can I do?

A: Many employers offer only one plan. Talk to your employer about changing to a better plan. Or ask if your employer will help pay for insurance you buy on your own.

Q: We're planning to have a baby. What should we look for in an HMO?

A: Ask about pregnancy and well-baby care and what it will cost to insure your child. Ask other new parents what plans they like. [See page 36.](#)

Q: Our son has asthma. What questions do we need to ask?

A: Ask about specialists for children. Ask if the medicines your son needs are covered. [See page 16](#) for information about protecting your son's coverage.

Q: What if my HMO goes bankrupt or leaves my area?

A: Your HMO must help you continue to get the care you need, especially if you are in the middle of treatment or are pregnant. However, you will eventually need to find a new plan and you may need to find a new doctor. If you have a problem, [see page 52.](#)

Not all HMOs are the same. Before you choose an HMO, find out what other people think about it. Health plans differ in cost, benefits and the quality of their services.

Your benefits package is the collection of services that your health plan covers. All plans offer basic benefits, like physical exams, routine tests, specialist care, and hospital and emergency care. Other benefits, like prescription drugs and substance abuse treatment, may differ from plan to plan. When you choose a plan, make sure it has the benefits you need.

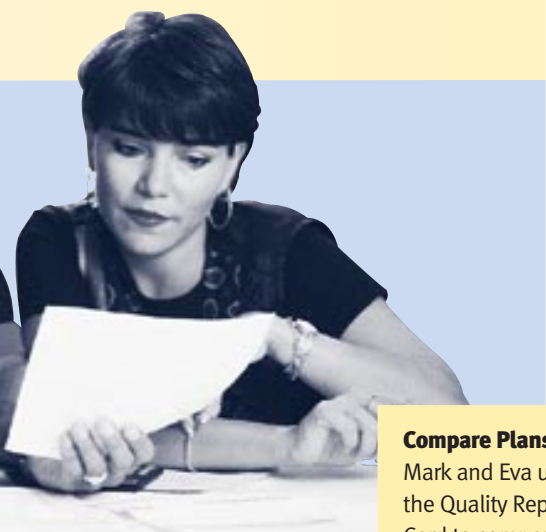


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We Wanted to Stay with Our Doctor

"So we chose an HMO she worked in."



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Compare Plans

Mark and Eva used the Quality Report Card to compare HMOs. You can view it at www.opa.ca.gov.

You Can Compare Plans

- All plans regulated by the State of California must meet basic standards of good care.
- To compare California HMOs, visit www.opa.ca.gov.
- To compare Medicare HMOs, call **Cal Medicare**.
- To compare Medi-Cal HMOs, call **Health Care Options**.
- For more information on choosing a plan, call **National Committee for Quality Assurance**.

things you can do

You Can Change Plans During Open Enrollment

- Most employers have Open Enrollment in the fall of each year. If you want to enroll or change plans, make sure you meet the deadline for Open Enrollment.
- You can add new dependents to your plan when you marry, have a baby or adopt a child. You may also be able to change plans. Talk to your employer.
- If you are starting a new job, ask how soon you can get health coverage and when the deadline for enrollment is.

Before You Choose a Plan, Ask

- Are people I know happy with the plan?
- Can I find a doctor I like?
- Does the HMO cover the services I need? [See page 32.](#)
- What do I have to do to get the services I need?
- How much will I have to pay? [See page 12.](#)
- How much will it cost to cover my dependents?
- Does the HMO cover the prescriptions and equipment I need?
- Will I be able to see the specialists I need?
- Is the hospital nearby?
- Can I get a doctor who speaks my language?

Compare Costs and Benefits

When you compare plans, compare costs and benefits. The plan that looks the cheapest can cost you more if it doesn't cover the services you need most.

where to find help

Cal Medicare (California HealthCare Foundation)

Information on Medicare HMOs

1-888-430-2423

www.calmedicare.org

Health Care Options

Information on Medi-Cal HMOs

1-800-430-4263

National Committee for Quality Assurance

Information on quality health care and HMO standards

1-800-839-6487

www.ncqa.org

Office of the Patient Advocate

Report cards with information on California HMOs

1-866-466-8900

www.opa.ca.gov

Notes:

Questions & Answers

Q: My boss says an HMO is all he can afford to offer. Do HMOs cost less than other plans?

A: Usually HMOs cost less. One reason is that the providers in the HMO's network limit what they charge the HMO for their services.

Q: My employer pays for my insurance. How can I find out what it costs?

A: Look on your paycheck stub or ask your employer.

Q: My health care costs keep rising. When will this stop?

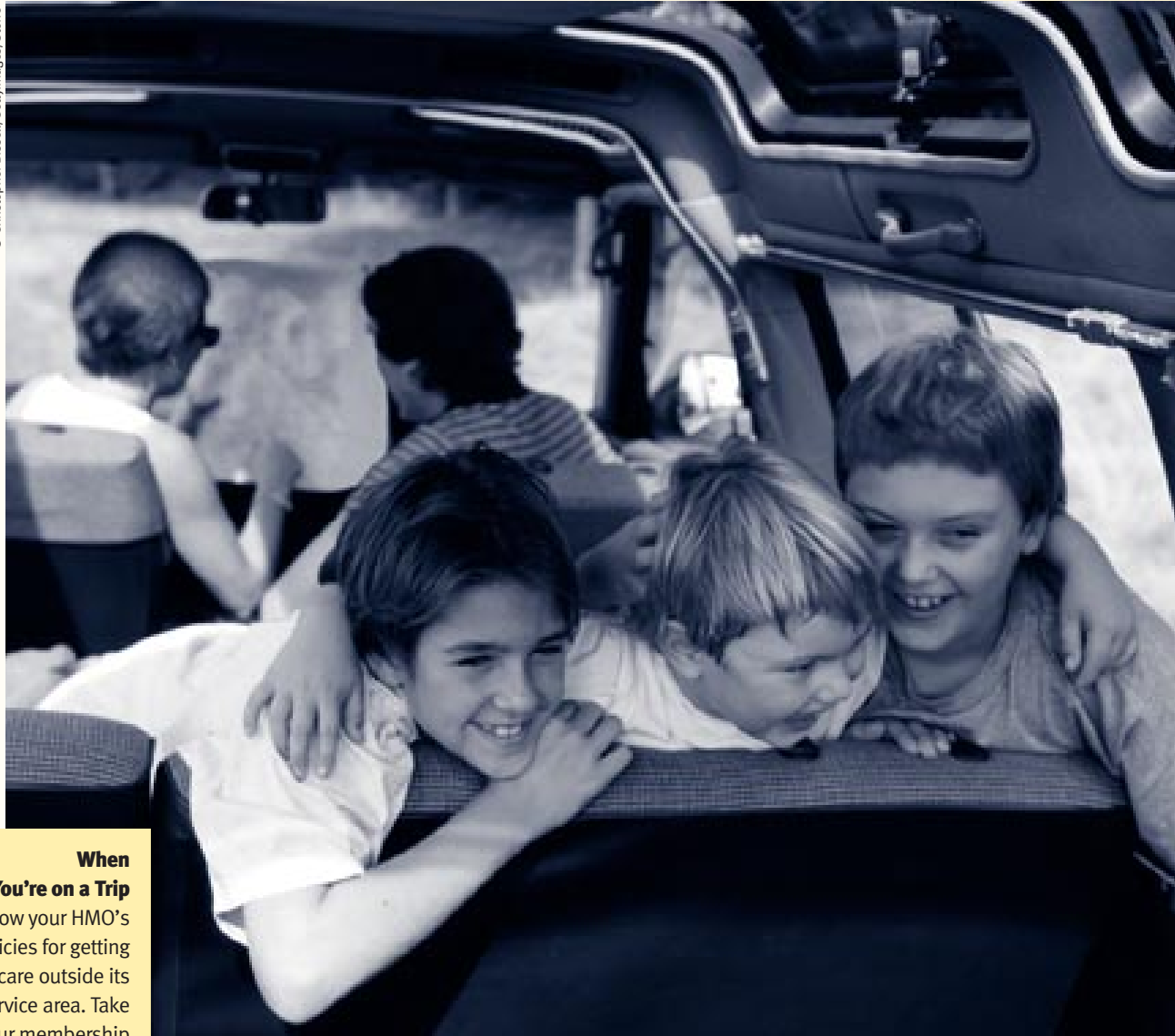
A: Costs will probably continue to rise. Your employer makes new contracts with plans each year, looking for the best benefits at the lowest cost. Let your employer know what benefits you want and what you are willing to pay.

Q: What if I get a bill from my doctor?

A: Usually, a provider in your HMO's network will not send you a bill. If your letter says, "This is not a bill," you don't have to pay anything. If you think a bill is wrong, call **Member Services**.

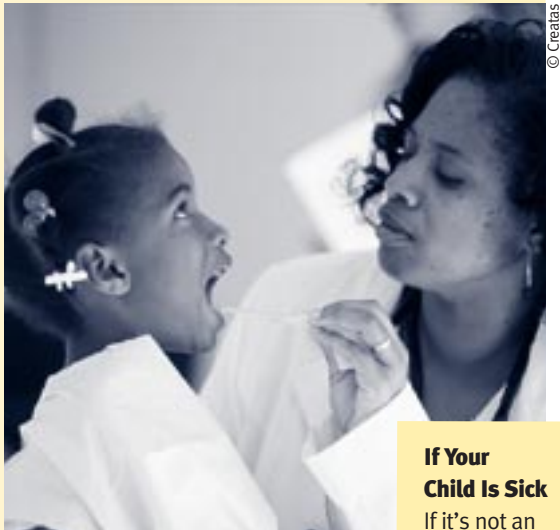
Health care costs in HMOs are usually lower than costs in other health plans. In an HMO, there is a monthly fee called a premium. There are also fees, called copayments, for doctor visits and prescriptions. There may be additional costs or limits on how much your HMO will pay for some services. Try to avoid surprises. Learn about your HMO's fees before you need services.

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When You're on a Trip

Know your HMO's policies for getting care outside its service area. Take your membership cards with you.



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If Your Child Is Sick

If it's not an emergency, visit your doctor instead of an emergency room. The copayment is a lot less.

Avoid Costly Surprises

You may be charged if

- You get services that are not part of your benefits package. [See page 33.](#)
- You see a specialist without a referral from your doctor.
- You see a provider who is not in your HMO's network before your HMO approves the visit, unless it's an emergency.
- You go to an emergency room for non-emergency care. [See page 44.](#)
- You get care outside your HMO's service area, unless it's emergency or urgent care.

things you can do

If You Have a Problem with a Bill You Get

- Call your **Member Services** to make sure there's no mistake.
- If you still have a problem, you can file a complaint with your HMO. [See page 50.](#)
- If your HMO won't pay for emergency or urgent care you received, [see page 54](#) or call the **HMO Help Center**.

Keep Your Costs Down

- Learn about your benefits—know what your HMO does and does not pay for. [See page 32.](#)
- Keep copies of any bills you pay, in case you have a problem or need them for your tax return.

Prescription Drug Costs

Prescription drugs can cost a lot, even if you have prescription drug benefits. When you choose an HMO, compare these benefits carefully. Even though you have to pay a higher monthly premium, you may save money if the plan covers the drugs you need. [See page 40.](#)

If You Are on a Trip

Know what's covered if you are outside your HMO's service area. If you get emergency or urgent care, call your HMO as soon as possible. If you can, call your HMO before you get the care. [See page 44.](#)

If You Can't Afford Health Insurance

- For low-cost health care for children and pregnant women, [see pages 18 and 36.](#)
- For low-cost or free health care, [see page 18.](#)

where to find help

HMO Help Center

Information and assistance for California HMO members

1-888-HMO-2219

www.hmohelp.ca.gov

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: Why should I keep my employer's plan?

A: It may cost less than getting insurance on your own. Prescription drug benefits are often better. And if you have an ongoing condition, you may find it hard to get other insurance. A law called COBRA can help you keep your employer's plan.

Q: I can't afford COBRA. What can I do?

A: For information on low-cost health care, see pages 18 and 36. You can also ask your HMO about other benefits packages. You may be able to get a package that has fewer benefits and costs less.

Q: I'm retiring but I'm only 60. Can I get COBRA?

A: Yes, and if you are at least 60 and have worked for your employer for at least 5 years, you may be able to get Senior COBRA after you use up COBRA. Senior COBRA can last until you are 65 or get Medicare. Call **HICAP**.

There are many reasons the health insurance you get through your employer might end. Maybe your job is ending or your hours have been cut. Maybe you'd like to leave your job but are afraid to lose your insurance.

A law called COBRA can help you keep your employer's insurance after changes like these. You have to pay the whole premium. But the cost and benefits may still be better than what you would get if you bought health insurance on your own.

Protection for Family Members

Through COBRA, your spouse can keep coverage for up to 18 months. After a divorce or your death, your spouse or child can be covered through COBRA for 36 months. A child who no longer qualifies as a dependent can also get COBRA for 36 months.

© Ryan McVay/PhotoDisc/PictureQuest



COBRA Protects Your Dependents

"Elena is 21 now, but we're keeping her insured through COBRA until she finds a job."

© Phillip Spears/GettyImages/PhotoDisc



COBRA Protects You Between Jobs

When Jim was laid off, he used COBRA. “It was hard to come up with the money, but I was glad I did. I broke my leg and really needed the benefits.”

How to Get COBRA

COBRA can help you keep your employer’s plan for up to 18 months. You pay the whole premium and have the same benefits as active employees.

Make sure you get an “election” notice about your right to get COBRA and follow the directions carefully. You should get this notice within 44 days after your job change. If you don’t get your notice or you have questions, call your **Member Services** or talk to your employer. Or call **U.S. Department of Labor, PWBA**.

things you can do

Questions About COBRA, Cal-COBRA and Senior COBRA?

- COBRA is a federal law. It applies to most employers with at least 20 employees. If you have questions about it, call **U.S. Department of Labor, PWBA**.
- Cal-COBRA is California’s COBRA for businesses with 2 to 20 employees. For more information, call **HMO Help Center**.
- For more information about Senior COBRA call **HICAP**.

Keeping Your Employer’s Health Insurance

- Ask your HMO or employer about COBRA if your job is ending or your hours are being cut.
- Make sure you meet the deadlines for signing up for COBRA, Cal-COBRA or Senior COBRA.
- Pay your premiums on time or you will lose your coverage.
- If you move out of your HMO’s service area, or if your former employer stops offering health insurance to its employees, you will lose your COBRA or Senior COBRA.
- COBRA may cover you longer if you qualify as disabled during the first 2 months you’re on COBRA.

Getting Insurance on Your Own

It’s a good idea to compare the cost of keeping your group plan with COBRA to buying insurance on your own. Shop around before your current insurance ends. Compare benefits packages and costs. If you have a problem finding insurance you can afford or if your COBRA is ending, [see pages 16–17](#).

where to find help

HICAP (Health Insurance Counseling & Advocacy Program)

Information about Senior COBRA

1-800-434-0222

HMO Help Center

Information about Cal-COBRA

1-888-HMO-2219

www.hmohelp.ca.gov

Member Services

To find your HMO’s phone number, [see page 60](#)

U.S. Department of Labor, PWBA

Information about COBRA and HIPAA

1-866-275-7922

www.dol.gov/pwba

Notes:

Questions & Answers

Q: What is continuous coverage?

A: It's coverage without a gap of 63 or more days in a row. For example, if you've had insurance for the last year, but you had a gap of 3 months during that time, only the time after that gap counts as continuous coverage. If the gap is only 62 days, the whole year counts as continuous coverage.

Q: If I'm pregnant when I join a plan, will I be covered?

A: Yes. Pregnancy is not a pre-existing condition.

Q: I have an old injury that's bothering me. But I have not seen a doctor about it recently. Will I be able to get care in my new plan?

A: If you join a group plan, it can't make you wait if you haven't had care for your injury in the last 6 months. However, if you apply for individual insurance, you may be asked about old illnesses and injuries.

Q: Can my employer's plan charge me more if I have HIV?

A: No, your employer's plan cannot charge you more. Call **California AIDS Hotline**.

You may have diabetes, a bad back or another condition that needs care. If you have a condition like this, be extra careful when your insurance ends or changes. Your new insurance company may say that you have a pre-existing condition.

Your employer's plan cannot refuse to insure you if you have a pre-existing condition. However, it may not cover services for your condition right away. And you may find it hard to buy health insurance on your own.

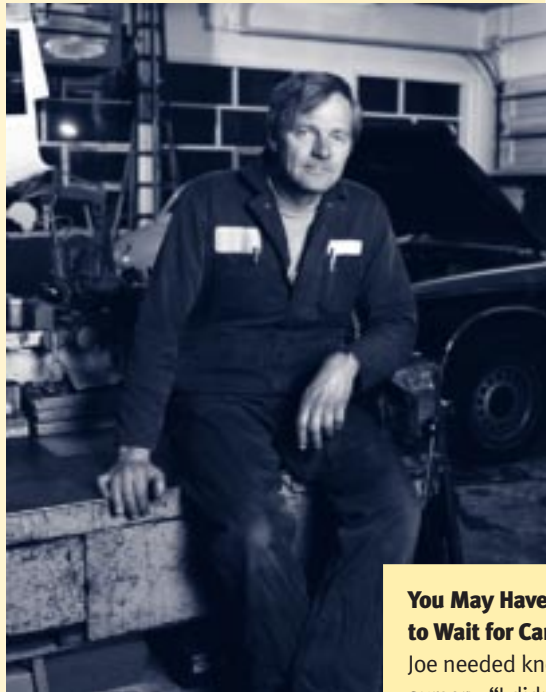
It is easier to get new insurance if you have had at least 6 months of continuous coverage without a gap of 63 or more days. COBRA can help you avoid a gap. [See page 14.](#)



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Andy Has Cerebral Palsy

"When I changed jobs I made sure to keep our insurance through COBRA, so he would still have health care for his condition."



© Adam Crowley/Getty Images/PhotoDisc

You May Have to Wait for Care

Joe needed knee surgery. "I didn't have insurance for 3 years. Now I have it, but I'll have to wait 6 months before I can get the surgery."

When You Start a New Job

Your new employer's plan may have a waiting period for coverage of pre-existing conditions. With 3 to 12 months of continuous coverage, you can shorten or avoid the waiting period. Call **U.S. Department of Labor, PWBA**. Visit www.dol.gov/pwba.

things you can do

Try to Have Continuous Coverage

- Try not to have a gap in coverage that lasts 63 days or more.
- Look for new insurance as soon as you know you will have to change plans. It can take 30 days or more from the time you apply until the time you are approved.
- When your insurance ends, get a letter from your HMO that says how long you were insured. This is called a Letter of Creditable Coverage. Give it to your new health plan and keep a copy for yourself.

If You Have Medi-Cal or Medicare

A Medi-Cal or Medicare HMO will not limit your care for pre-existing conditions. See pages 18 and 20.

To Get Insurance on Your Own

- A law called HIPAA protects your rights to get insurance on your own. It protects coverage for a pre-existing condition. The law limits how much a plan can charge you. Call **Department of Insurance** or visit <http://cms.hhs.gov>.
- Use up your COBRA first and apply for HIPAA individual coverage within 60 days of the date your COBRA ends. You must have continuous coverage for the last 18 months.
- If you are denied care because of a pre-existing condition, find out about your rights. See page 29 or visit www.calpatientguide.org.

where to find help

California AIDS Hotline

Information on HIV/AIDS services

1800-367-2437 www.sfaf.org

California Patient's Guide

A guide to health care rights www.calpatientguide.org

Centers for Medicare & Medicaid Services

Information on HIPAA <http://cms.hhs.gov>

Department of Insurance

Information and help for consumers

1-800-927-4357 www.insurance.ca.gov

U.S. Department of Labor, PWBA

Information about COBRA and HIPAA

1-866-275-7922 www.dol.gov/pwba

Notes:

Questions & Answers

Q: How do I qualify for Medi-Cal?

A: There are many ways to qualify. Call your county Social Services office for information. Both your income and your medical need are considered.

Q: I am pregnant and need Medi-Cal. How soon can I get it?

A: You can get it right away. Apply now.

Q: How do I get family planning services?

A: You can visit any doctor or clinic in your HMO that provides family planning services. You don't need a referral from your doctor.

Q: Can I stay with my current doctor? He's been treating my diabetes for 2 years.

A: You may be able to stay with your doctor. Call **Health Care Options**.

Q: Can I switch my Medi-Cal HMO?

A: Yes, if your county has more than one plan.

Many people with Medi-Cal belong to Medi-Cal HMOs. Like other HMOs, Medi-Cal HMOs have contracts with doctors, pharmacies, clinics, labs and hospitals. You use these providers when you need health care services.

You will have one doctor or clinic that you go to first for all your health care needs. If you don't choose a doctor or clinic when you join the HMO, the HMO will choose one for you. But you can change your doctor or clinic if you want.

Medi-Cal HMOs provide many services to help members stay healthy. They also provide interpreter services for all members with limited English.

Medi-Cal for Mothers

Monica got Medi-Cal as soon as she knew she was pregnant so she could get prenatal care.

© Barbara Penovar/Getty Images/PhotoDisc



Medi-Cal for Children

Your children may qualify for Medi-Cal, even if you don't.



© Roy Corral/Getty Images/Stone

Medi-Cal Offers These Services for Adults and Children

- Doctor services
- Preventive care, like exams and vaccinations
- Health education
- Hospital care
- Family planning
- STD tests and treatment
- Pregnancy tests and care
- Prescription drugs
- Vision and hearing care
- Emergency and urgent care
- Lab work, like blood tests
- X-rays and mammograms
- Physical therapy
- Chiropractic and podiatry
- Dental care

things you can do

To Enroll in Medi-Cal

- Pick up an application at your county Social Services office or at a hospital, clinic or school.
- If there is more than one plan in your county, you can choose which plan to join. If you do not choose within 30 days, a plan will be chosen for you.

If You Have a Complaint

- You can file a complaint with your HMO. Call your HMO **Member Services**. [See page 50.](#)
- If you have a problem switching doctors, call your HMO **Member Services**.
- If your HMO denies you the services you need, call **Medi-Cal Fair Hearing**.
- If you have a complaint about a provider or the quality of your care, call **Medi-Cal Managed Care Ombudsman**.

If You Have a Serious Condition

You may not need to join an HMO. If you do join one, you may be able to see a specialist who is not in your Medi-Cal HMO. Call **Health Care Options**. If you have HIV, you have the right to see an HIV specialist.

Mental Health Care

If you belong to a Medi-Cal HMO and need mental health care, call your County Mental Health Agency or **Medi-Cal Mental Health Care Ombudsman**. [See page 42.](#)

where to find help

Health Care Options

Join or leave a Medi-Cal HMO

1-800-430-4263

Medi-Cal Fair Hearing

File an appeal if your HMO denies you the services you need

1-800-952-5253

Medi-Cal Managed Care Ombudsman

Help if you have a problem you can't solve with your HMO

1-888-452-8609

Medi-Cal Mental Health Care Ombudsman

Help with Medi-Cal mental health care services

1-800-896-4042

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: If I join a Medicare HMO, will I have the same benefits I have in traditional Medicare?

A: Yes. The HMO must cover the services covered by Medicare Parts A and B.

Q: Can I change my HMO?

A: Yes, you can change if there is more than one Medicare HMO in your area.

Q: My HMO is leaving my area. What can I do?

A: You can join another Medicare HMO. Or you can return to traditional Medicare and get a Medigap plan to cover services Medicare doesn't cover. Call **HICAP**.

Q: My wife is being sent home from the hospital tomorrow. She's had hip surgery and doesn't feel ready to come home. What can I do?

A: Ask the hospital social worker about the home care your wife will need. And you can call **California Medical Review** right away about keeping your wife in the hospital.

Most seniors and some younger people with disabilities get Medicare, health insurance sponsored by the government. And many belong to Medicare HMOs. In a Medicare HMO, the government pays your HMO a fixed amount each month. You still pay a monthly premium for your share of Medicare Part B.

In most ways, Medicare HMOs are like other HMOs. You must use the providers in the plan's network, and you need approval from the plan or your doctor before you get most services. When you have a problem, you have the right to file a complaint and request a review of your HMO's decisions.

A Medicare HMO may cost you less or offer more benefits than traditional Medicare. When you are deciding how to get your Medicare, you should compare all your choices.

Learning to Use an HMO

"We joined a Medicare HMO because we didn't want to deal with a lot of paperwork. But it took us a while to find doctors and learn how to get services."



Your Medicare HMO Costs May Include

- A monthly premium
- Copayments for doctor's visits, prescription drugs and some other services
- Additional costs for some services

Medicare HMOs can change fees and benefits once a year. They must notify you, so that you can change plans if you want to.

If You Have a Problem

- Talk to your doctor and HMO.
- Call **HICAP** for more help.
- You can file a complaint, or "grievance," with your HMO. [See page 50.](#)
- If your HMO denies you a service you think you need, you can ask for a review or "reconsideration."
- If your problem is urgent, ask for an Expedited Review. A HICAP counselor or a doctor can help you do this. Your HMO must review your case within 3 days.
- If you have a complaint about the quality of your care, call **California Medical Review**. You can also call if you want to delay your discharge from the hospital.

things you can do

Help with Medicare

- Do you have questions or need help with your Medicare? For free help, call **HICAP**, the Health Insurance Counseling and Advocacy Program.
- For information, call **1-800-Medicare** or **Cal Medicare**.

Changing or Leaving Your Medicare HMO

- To change HMOs, just fill out an enrollment form at the HMO you want to join. It can take about a month to join. Do not drop your old plan until your new plan says you are covered.
- Leaving a Medicare HMO is called disenrolling. There are three ways to disenroll. You can send a request in writing to your HMO. You can visit your Social Security office and fill out a disenrollment form. Or you can call **1-800-Medicare**.
- Before you disenroll, decide whether you want to join another HMO or get traditional Medicare.
- If you return to traditional Medicare, you may be able to buy a Medigap policy. Medigap covers some of the services that Medicare doesn't cover. Be sure to meet the enrollment deadlines for Medigap. Call **HICAP**.

Prescription Drugs

- Before you join an HMO or buy prescription drug benefits, see if the drugs you need are covered. [See page 40.](#)
- To compare prescription drug benefits, call **Cal Medicare**.
- If you go to a pharmacy that accepts Medi-Cal, ask about drug discounts for Medicare members.
- There may be a yearly limit on what your HMO will pay for drugs.

where to find help

California Medical Review

Call about problems with the quality of your care

1-800-841-1602 www.cmri-ca.org

Cal Medicare (California HealthCare Foundation)

Information about Medicare HMOs

1-888-430-2423 www.calmedicare.org

HICAP (Health Insurance Counseling & Advocacy Program)

Information, counseling and advocacy for Medicare members

1-800-434-0222

1-800-Medicare

Information and help with Medicare

1-800-633-4227 www.medicare.gov

Notes:

Questions & Answers

Q: Every time I have an appointment, I see a different doctor. How can I choose my own doctor?

A: Call **Member Services** and ask for a list of primary care doctors. You may have to call several doctors before you find one who's taking new patients.

Q: What if I don't like my doctor?

A: You can change doctors. It may take up to a month to get a new doctor.

Q: What if my plan ends its contract with my doctor?

A: You will have to choose a new doctor. Ask your old doctor for referrals. Or call **Member Services**.

If you are pregnant, you may be able to keep your doctor until after delivery. If you are being treated for a serious condition, you may also be able to keep your doctor for a limited time. Call **Member Services**.

Your primary care doctor provides your basic care and coordinates all your treatments. In many HMOs, you must have a primary care doctor. If you don't choose one, the HMO may choose one for you. But you can change doctors if you're not satisfied.

You have the right to your own doctor in your HMO's network. It's a good idea to choose one, even if you don't have to. Your doctor can help you understand your care and get the services you need. Over time, your doctor will get to know you and can watch for changes in your health.

Find a Doctor You Like

"We met Dr. Liu at an urgent care clinic and really liked her, so we asked if she could be our regular doctor."



Kathy Sloane

Your Doctor Has a Responsibility to You

Your primary care doctor has a duty to make sure you get the care you need. Your doctor must tell you all of your treatment options. If your doctor is not available, you must be able to see another doctor. If your doctor leaves your plan, you must be told in advance so you can get another doctor.

Choosing Your Doctor

Ask friends and co-workers which doctors they like. Then call the doctor's office and ask:

- Is the doctor in the HMO's network?
- Is the doctor accepting new patients?
- How long does it take to get an appointment?
- Can I get evening or weekend appointments if I need them?
- Can the doctor help me with my problems—such as an ongoing condition or disability?
- How does the doctor make referrals to specialists?
- What happens in an emergency? Does the doctor use a nearby hospital?
- How will I reach the doctor if I have a problem between visits?

things you can do

The Right Primary Care Doctor for You

- If you don't have a primary care doctor, you can get one. It's good to form a relationship with a doctor, even if you don't need care right away.
- Your primary care doctor can be a family practice doctor, an internist, a pediatrician or a gynecologist.
- You can also choose a nurse practitioner who works with a doctor.
- You may want one doctor for your whole family or a different doctor for each family member.
- Your doctor's office should be easy for you to get to. You can usually request a doctor within 15 miles or 30 minutes of your home or work.
- Ask your HMO for a list of doctors who speak your language. To compare language and cultural services, see the HMO Report Card. Call **Office of the Patient Advocate**.

Your Doctor's Medical Group

- A Medical Group is a group of doctors who have a business together and have a contract with an HMO to provide services to the HMO members.
- If your doctor can't see you, another doctor in his Medical Group must see you.
- Most of the specialists you see will also be in your doctor's Medical Group.
- The Medical Group or your HMO will need to approve many of your doctor's referrals.
- For information on Medical Groups, visit www.opa.ca.gov.
- If your Medical Group closes or leaves the plan, your HMO must make sure you have care until you find a new doctor. If you have a problem, call **Member Services**.

where to find help

Member Services

To find your HMO's phone number, [see page 60](#)

Office of the Patient Advocate

Report cards with information on California HMOs

1-866-466-8900

www.opa.ca.gov

Notes:

Good health care depends on good communication between you and your doctor. You should be able to discuss all your concerns comfortably.

Questions & Answers

Q: My doctor is always in a hurry. How can I get him to listen?

A: Doctors are often in a hurry. If you don't feel that your doctor understands your concerns, repeat your questions. Ask him to explain his answers. If you still feel that he doesn't listen, you may want to change doctors.

Q: How do I know what to tell my doctor? I don't know which symptoms are important.

A: Tell your doctor all of your concerns—what hurts, where it hurts, when it hurts. And ask all your questions: Should I be worried? What should I do?

Q: What if I don't speak English well?

A: Look for a doctor who speaks your language, or ask your doctor or HMO for an interpreter. You have the right to an interpreter when you need one. [See page 30.](#)

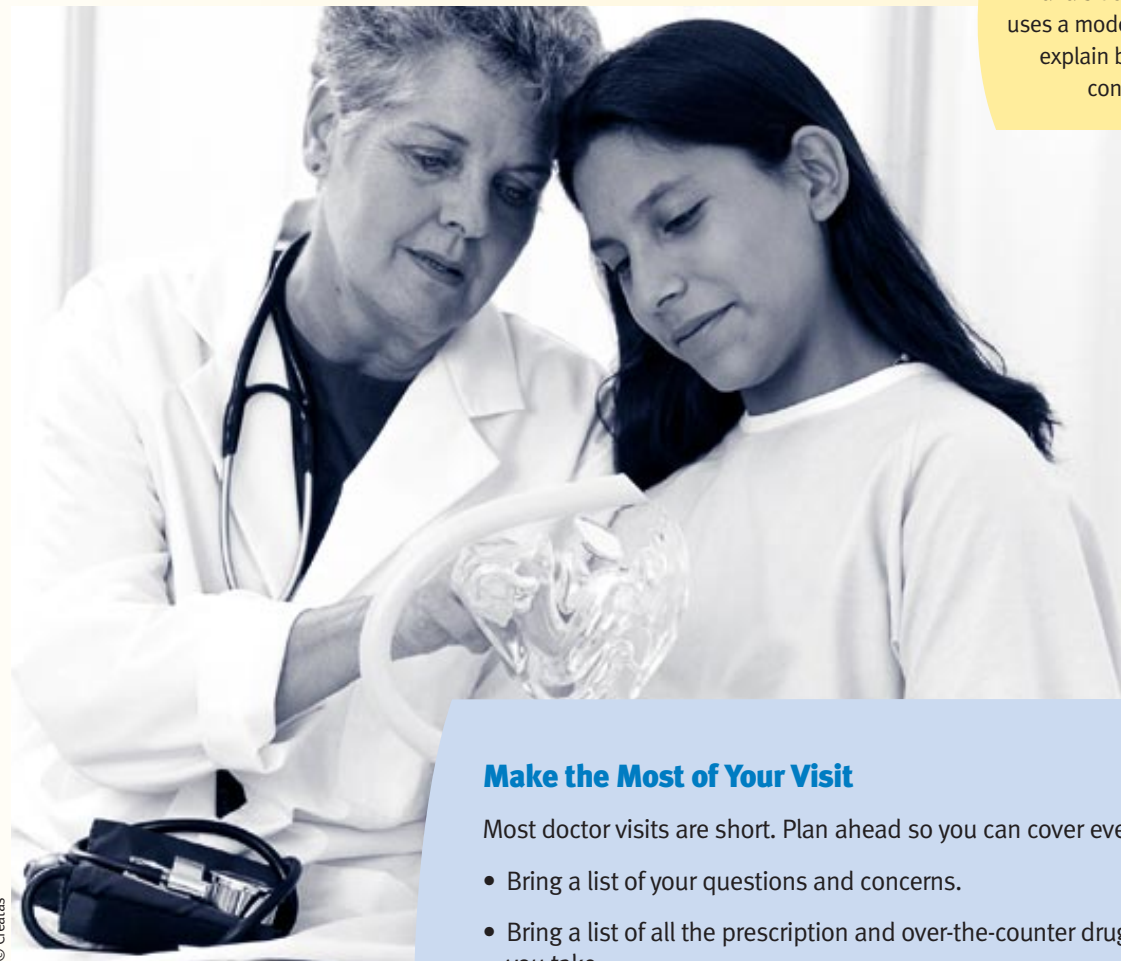
Q: How do I bring up difficult topics, like sexual problems or drinking?

A: Sometimes the things that are hardest to talk about are the most important. It may be easier if you make a list of your questions and give your doctor a copy.

Be as open as you can—the more your doctor knows about you, the better care she can give you. And let your doctor know if you don't understand what she says. Keep asking questions until you are sure you understand.

Ask for Explanations

Maria's doctor uses a model to explain birth control.



© Creatas

Make the Most of Your Visit

Most doctor visits are short. Plan ahead so you can cover everything.

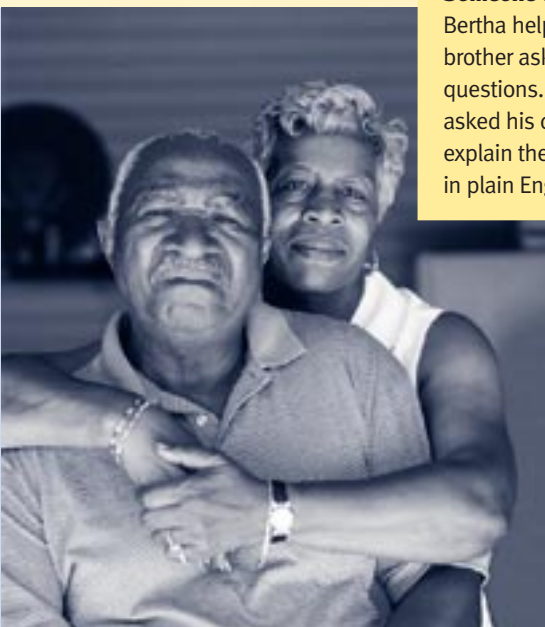
- Bring a list of your questions and concerns.
- Bring a list of all the prescription and over-the-counter drugs you take.
- Repeat things in your own words to make sure you understand.
- Take notes.
- If you need treatment, agree on a plan with your doctor.
- Ask how to reach your doctor between visits.
- If you have a lot to cover, ask for another visit.
- Bring someone with you for extra support.

When You Make an Appointment

- Ask about waiting times.
- Ask about directions, public transportation and parking.
- Ask if you need to prepare for your visit.
- Request a longer appointment if you need one.
- Request an interpreter if you need one. [See page 30.](#)
- Ask about accessibility if you need to. [See page 28.](#)

You Can Bring Someone with You

Bertha helped her brother ask all his questions. “We asked his doctor to explain the lab tests in plain English.”



© Digital Vision/Creatas

things you can do

Making Appointments

- Ask if there is a number to call to make appointments.
- You may be put on hold for a long time. Have something to do while you wait.
- You may find it easier to make an appointment in person, especially if you’re already at your doctor’s office and need to make another appointment.

Ask How to Reach Your Doctor Between Visits

- When you call, leave your phone number and the best times for the doctor or nurse to call you back.
- Ask who will call you back—your doctor, a nurse or someone else.
- Ask if you can fax or e-mail your message.
- If your doctor’s office doesn’t return your phone calls, call your Medical Group or HMO **Member Services**.
- If a receptionist asks you for a lot of personal medical information, you can say that you would prefer to tell your doctor the details.

Bring a Friend or Relative with You

When you visit your doctor, you can bring someone with you to help you listen, ask questions and take notes. This is especially helpful when you have to make important decisions about your health care.

Do Your Homework

If you are told you have a health problem, try to learn more about it. Write down questions for your doctor. [See page 26](#) or visit www.healthfinder.gov.

where to find help

Healthfinder

An introduction to health information on the Internet

www.healthfinder.gov

Member Services

To find your HMO’s phone number, [see page 60](#)

Notes:

Questions & Answers

Q: Can I get a second opinion?

A: You have a right to get a second opinion. But if you want to see a doctor outside your HMO's network, you need a referral from your HMO. If your situation is urgent, your HMO must reply to your request in 3 days. Or you can pay for the visit yourself.

Q: What if my HMO won't pay for the treatment my doctor recommends?

A: You can file a complaint with your HMO. [See page 50.](#)

Q: I read about a new treatment for my cancer. How can I learn more about it?

A: Ask your doctor about it. It may not be available to the public yet. Look for information on the Internet or at a medical library, or call **Clinical Trials**.

Q: What if I don't want any treatment?

A: You have the right to refuse treatment for yourself.

It is not always easy to choose the best treatment. Most treatments have risks as well as benefits. Work with your doctor and learn about your choices so you can make an informed decision. If you have a serious health problem, you may want to seek a second opinion about your treatment from another doctor in your HMO.

Your doctor should tell you all your treatment choices, even if they are not covered by your plan. If you need to decide about an important treatment, ask how much time you have to make the decision. It can take some time to understand your choices.

Compare Different Treatments

- What are the possible risks and benefits of each treatment?
- What risks are you willing to take?
- Which treatments are most likely or least likely to help?
- How much time will each treatment take? What about recovery time?
- How much will each treatment cost you?
- How much discomfort or pain are you willing to take?

Human Issues Collaborative



Work with Your Doctor

"My doctor and I talked about ways to manage my colitis. We agreed on a treatment plan that works for my lifestyle."



Human Issues Collaborative

Ask Questions

Rachel asks her pediatrician about the risks and benefits of different treatments for her daughter's heart problem.

Before You Agree to a Treatment

You usually need to sign a consent form before you or your children receive medical treatment. Make sure you understand what is being done and why. Compare the risks and benefits of all the treatment options. Don't decide about health care treatments when you are drowsy, sedated or under a lot of stress.

things you can do

Talk with Your Doctor About Your Treatment

- Ask about common side effects. How can they be treated or prevented?
- What should you do if you have a side effect?
- How will you know if your treatment is working or if it should be stopped?
- If you are in a lot of pain, tell your doctor. Ask about pain treatments. [See page 49.](#)

Learn About Your Medical Condition

- Visit your local library or a medical school or hospital library.
- Ask your doctor about medical centers doing research on your condition.
- Look for a local group that helps people with your condition, like the American Cancer Society.
- Look on the Internet. Visit www.healthfinder.gov or www.nih.gov/health.
- To learn about your lab tests, visit www.labtestsonline.org.
- To learn about medical guidelines for treating your health problem, visit www.guideline.gov.

When Can You Request a Second Opinion?

- When your diagnosis is unclear
- When you have doubts about surgery
- When you have doubts about a treatment plan for a serious health problem, or when the treatment isn't working

where to find help

Clinical Trials

Information on cancer treatments

1-800-422-6237

www.nci.nih.gov

Healthfinder

An introduction to health information on the Internet

www.healthfinder.gov

Lab Tests Online

Information about lab tests

www.labtestsonline.org

National Guideline Clearinghouse

Care guidelines for many health conditions

www.guideline.gov

National Institutes of Health

Information on many health issues www.nih.gov/health

Notes:

If You Have a Disability

Questions & Answers

Q: I was referred to a specialist, but I can't get into his office because I use a wheelchair. What should I do?

A: The specialist or your HMO must find you an accessible provider. Your HMO must pay for this provider, even if he is not in the HMO's network.

Q: I have a rare condition. There's a new treatment that might help, but my HMO won't pay for it. What can I do?

A: Discuss the new treatment with your doctor. You may be able to get a review of your HMO's decision. [See page 54.](#)

Ask for What You Need

Mona's HMO did not have a mammogram machine she could use. So she asked the HMO to pay for her visit to a clinic outside its network.

Human Issues Collaborative

Make sure that you get all the services you need, from routine care to care for your disability. Know your rights and look for a doctor who understands your disability and will support you in getting services. If you can't get into a provider's office or use his equipment, ask your HMO to find you another provider.

You or your doctor may request changes in the way services are usually offered. For example, you may need someone with more training to draw your blood. Or you may need routine dental work done in a hospital. Your HMO must pay for these services if they are medically necessary for you.



You Have the Right to

- Removal of most physical barriers that make it hard for you to use your health care services.
- Extra time for appointments if you need it.
- A sign language interpreter if you need one to communicate with your doctor. [See page 30.](#)
- Health information you can use if you are blind or have low vision.
- Usable medical equipment, like an exam table or a scale that works for you if you use a wheelchair.
- Take your service animal into exam rooms with you.

For more information on these rights, visit www.dralegal.org.

When You Apply for Health Insurance

Your employer's plan cannot deny you or charge you more if you have a disability. If you apply for insurance on your own, a plan can charge you more, but only if it can show that care for your condition costs more. See pages 15–17.



Your Doctor Should Be Your Advocate

Because of her disability, Suzanne needed extra days in the hospital after her baby was born. "My doctor helped me get the care I needed."

things you can do

When You Make an Appointment

Let the provider know if you will need help getting onto an exam table, extra time for an appointment, a sign language interpreter, an accessible bathroom or other services.

Your Medical Records

It's a good idea to keep your own copy of your medical records. If you change providers, it can take a while for your new provider to get your records. See page 9.

Medical Equipment

- Before you join an HMO, ask if it covers the equipment you need and what the copayment is.
- HMOs pay only for "medically necessary" equipment. If you disagree with your HMO about what's necessary, see page 50.
- For more information about equipment for people with disabilities, call **Protection & Advocacy** or **AT Network**.

Protect Your Rights

- For a guide on your rights to health insurance and accessible health care in California, call **Disability Rights Advocates**.
- For legal assistance, call **Protection & Advocacy**.

Find More Services

- For services for children with disabilities, see page 36.
- For more information on health care programs, talk to your local Independent Living Center or visit www.cfilc.org.
- In Home Support Services (IHSS) helps people with low incomes and disabilities pay for some home health care. To apply, call your county Social Services department.

where to find help

AT Network

Information on equipment and assistive technology

1-800-390-2699

www.atnet.org

California Foundation for Independent Living Centers

Resources for people with disabilities

www.cfilc.org

Disability Rights Advocates

A guide to the health care rights of people with disabilities

1-888-926-0274

www.dralegal.org

Protection & Advocacy

Legal advocacy for people with disabilities

1-800-776-5746

www.pai-ca.org

Notes:

If English Is Not Your Language

Questions & Answers

Q: When can I ask for an interpreter?

A: You have the right to an interpreter any time understanding your doctor is important to your health, such as when she explains the results of your tests.

Q: How can I find an HMO with services in my language?

A: You can get a report on California HMOs with information on the language and cultural services they offer. Call **Office of the Patient Advocate**.

Q: What if I am Deaf or Hard of Hearing?

A: You have the right to a sign language interpreter. Try not to rely on lipreading. Even good lip-readers can have trouble with medical terms. For more information, call **Deaf Counseling, Advocacy and Referral Agency**.

You and your family have the right to good communication with your doctor and other providers. Look for doctors who speak your family's language or request an interpreter if you need one.

You have the right to an interpreter who translates medical information accurately and respects your privacy. You also have this right when you seek care for your child, so that you can talk with your child's doctor.

Ask for a Medical Interpreter

- Certified medical interpreters are trained to translate health information accurately.
- They must respect your privacy and keep all information confidential.
- The interpreter may be in the same room with you and the doctor, or may communicate on the telephone or a video screen.
- You can request an interpreter if you speak another language or use sign language.
- You can also ask your HMO if you can get written materials in your language.

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Now I Ask for an Interpreter

"My daughter used to interpret for me, but I was embarrassed talking about personal problems. So now I ask for an interpreter."





Human Issues Collaborative

If Your Language Is American Sign Language

You have the right to an interpreter so that you and your doctor can communicate.

Try Not to Depend on Your Family and Friends to Interpret for You

You may not feel comfortable having your friend or relative hear your private concerns. And they may not translate medical information correctly. You may want a family member or friend with you for support, but try not to rely on them to interpret for you.

things you can do

Making Appointments

- Ask if your HMO has staff who speak your language and can help you make appointments.
- If you know that you will need an interpreter, tell your doctor as far ahead as you can. He may have to hire an interpreter and give you a longer appointment.

You and Your Doctor

- Ask your HMO for a list of doctors who speak your language.
- Your doctor should treat you and your culture with respect, even if she does not speak your language.
- Look for a doctor who helps you get the language services you need. Visit www.healthconsumer.org.
- Make sure that you and your doctor understand each other. If something is not clear, repeat it in your own words. Ask the interpreter to translate your words back to the doctor.

You Have the Right to an Interpreter When You Need to

- Explain your symptoms or medical history to your doctor.
- Understand your diagnosis or treatment choices.
- Choose among treatments.
- Understand instructions about medications, medical equipment or follow-up care.

Order California's HMO Guide in Spanish

To order this guide in Spanish, call **1-866-466-8900**.

where to find help

Deaf Counseling, Advocacy and Referral Agency

Resources for people who are Deaf or Hard of Hearing

1-877-322-7299

www.dcara.org

1-877-322-7288 (TTY)

Health Consumer

Health care information in several languages

www.healthconsumer.org

Office of the Patient Advocate

Report cards with information on California HMOs

1-866-466-8900

www.opa.ca.gov

Notes:

Questions & Answers

Q: I have a lot of benefits, but will I be able to use them if I need them?

A: Yes, you can use your benefits when they are necessary to your health care. If you have a problem getting services you need, [see page 50](#).

Q: I read about a new treatment that may help my heart condition. But my plan says it doesn't cover experimental treatments. What can I do?

A: You can file a complaint with your HMO and ask for a review of your HMO's decision. You may get the treatment if research shows that it could help. [See pages 52 and 54](#).

Q: My husband and I have been trying to have a baby for 5 years. Our doctor suggests infertility treatments. Will my plan pay for these?

A: Your plan may pay for part of your treatment. Call your **Member Services** to find out what is covered.

When you buy health insurance, you are buying a set of services called a benefits package. All HMO benefits packages include the same basic services, but details may differ and additional services may be included.

Your HMO must give you a written description of your benefits. This is often called the Evidence of Coverage. It lists what your plan does and does not pay for.

Before you join an HMO, find out if it covers the services you need. For example, if you are planning to have a baby, you will want to know about pregnancy benefits. If you take any medications, you'll want to know about prescription drug benefits.

© Roger Tully/Gettyimages/Stone

Many HMOs Have Health Education Programs

You can get free brochures, borrow videos, talk to a health educator or take a class.





Kathy Soane

Finding Problems Early

Marvin is having his annual checkup. All HMOs provide basic care like this to find and prevent problems.

All HMOs Include These Basic Services in Their Benefits Packages

- Doctor services.
- Hospital and outpatient services.
- Lab work like blood tests, STD tests and pregnancy tests.
- Tests like x-rays and mammograms.
- Preventive care, like vaccinations and checkups.
- Emergency and urgent care—even if you are outside your HMO's area. [See page 44.](#)
- Limited physical therapy.
- Limited home health or nursing home care after hospital visits.
- Limited care at home for people who are dying. [See page 48.](#)
- Mental health care for some serious conditions. [See page 42.](#)
- Diabetes home care supplies.

things you can do

Learn About Your Benefits

- Your Evidence of Coverage is your contract with your HMO. It explains your benefits and fees.
- For easier reading, ask for the Summary of Benefits.
- Remember, two people in the same HMO may not have the same benefits. They or their employers may have purchased different benefits packages.
- Have a question? Call your HMO's **Member Services** or your benefits office at work. Visit www.hrh.org or www.healthscope.org.

Prescription Drug Benefits

- Prescription drugs are part of most benefits packages provided by employers. Your HMO will have a list of the drugs it covers. [See page 40.](#)
- If a plan covers prescription drugs, it must also cover prescription birth control.
- If a plan covers prescription drugs, it must cover diabetes medications.

When You Join a New Plan

You may not be able to use all your benefits right away. There may be a waiting period before you can get care for pre-existing conditions. [See page 16.](#)

Vision, Hearing and Dental Care

Ask if your plan covers vision and hearing care, or part of the cost of glasses or hearing aids. Most plans do not cover routine dental care unless it requires a hospital stay. You may be able to purchase these or other benefits for an extra fee.

where to find help

Health Rights Hotline

Health care rights and resources www.hrh.org

HealthScope

Information on California HMOs www.healthscope.org

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: What should I do if I'm sick?

A: If you're sick, call your doctor or your HMO's Advice Nurse. You may not need to visit the doctor's office if they can tell you what to do to feel better. But insist on an appointment if you think you need one.

Q: Will my plan pay for routine care if I'm traveling?

A: No. If you're outside your HMO's service area, only emergency and urgent care will be covered. [See page 44.](#)

Q: I have sickle-cell disease. I'd like to see a specialist for my regular care. Is that possible?

A: If you have a condition that requires ongoing specialist care, you may be able to see a specialist for your routine care. Call **Member Services**.

Routine care is care that helps your doctor prevent health problems or find them before they become serious. It includes services like physical exams, checkups, lab work and gynecological exams.

You and your doctor should agree on how often you need a complete physical exam and routine tests. Your HMO may have a schedule for these visits. If that schedule doesn't work for your health needs, talk with your doctor about changing it.

Make the most of your routine visits. Ask questions about things that have been bothering you. Remember moles that have changed, pains that come and go. These exams are opportunities to look at the health of your whole body.

Human Issues Collaborative



I Learned I Have High Blood Pressure at My Annual Exam

"So my doctor said I should start exercising to help keep it under control."



Human Issues Collaborative

Well-Child Visits

Charlene's well-child visit includes immunizations, an ear exam, and other routine services for children.

Ask About Your Tests

Before you have a test, ask why it is being done, how it will be done and what the risks are. Make sure that you get the results of your tests, and ask your doctor to tell you what they mean. To learn about lab tests, visit www.labtestsonline.org.

things you can do**How Often Should You Have an Exam?**

- Ask your doctor or your HMO **Member Services** how often you should have routine exams and tests.
- Ask for schedules for children's checkups. [See page 36.](#)
- Make sure your family's shots and vaccinations are up-to-date. Call **National Immunization Hotline**.
- Ask about screening for skin cancer.
- Talk with your doctor about testing for STDs (sexually transmitted diseases), HIV, and hepatitis B and C.
- Ask about prostate exams for men, and mammograms and breast and pelvic exams for women.
- If you're an older adult, ask what exams you may need more often, like hearing, vision and colon cancer screenings.

Keep Track of Your Care

For forms to help you keep track of your family's care, call the **Agency for Healthcare Research and Quality**.

Know Your Family's Medical History

If a disease or condition runs in your family, talk to your doctor. She may want you to have exams more often or take other steps to stay healthy.

where to find help**Agency for Healthcare Research and Quality**

Personal Health Guides to routine care

1-800-358-9295

www.ahrq.gov

Lab Tests Online

Information about lab tests

www.labtestsonline.org

Member Services

To find your HMO's phone number, [see page 60](#)

National Immunization Hotline

Immunization guidelines

1-800-232-2522

www.cdc.gov/nip

Notes:

Questions & Answers

Q: What does a family practice doctor do?

A: She treats children as well as adults and can be the primary care doctor for your whole family.

Q: How do I find a family doctor or pediatrician?

A: Ask other parents and your own doctor. For more tips, see page 22 or visit www.kidshealth.org.

Q: My HMO no longer has a contract with my doctor. I'm 6 months pregnant. What should I do?

A: You can usually see the same doctor until after the birth. Check with your plan.

Q: My 2-year-old gets bad earaches and wakes up screaming. Should I take him to the emergency room?

A: Ask your doctor what you should do. He may tell you how to prevent or treat the problem.

Q: How do I get an obstetrician?

A: You can see an obstetrician in your HMO network without a referral. But you may want to ask your doctor for recommendations.

If you are a parent, your children's health is one of your biggest concerns. Make sure your children have regular well-baby and well-child checkups. These will prevent problems and help your children stay healthy.

You will want to talk with your children's doctor about important issues, such as breastfeeding, nutrition and immunizations. Both you and your children should be comfortable with your doctor.

Low-Cost Insurance for Your Children

"I'm a single mom. I have insurance through my work, but I insure my baby through **Healthy Families**."

Health Insurance for Babies and Young Children

- If you want to insure your baby or adopted child through your HMO, you must apply within 30 days of the birth or adoption. Ask your HMO what services for your child are covered in the first 30 days.
- Ask what newborn tests are covered by your plan, such as newborn hearing tests.
- Ask for a schedule for well-baby and well-child visits and immunizations. After age 5, take your child to the doctor at least once a year.
- For low-cost insurance for children, call **Healthy Families** or see page 18.

Pregnancy and Childbirth

- When you choose an obstetrician, ask which hospital or birthing center he uses. Ask what birth options are covered by your plan. Visit www.childbirth.org.
- If you are in labor, any hospital emergency room must accept you. But go to your HMO's hospital if you can.
- By law, HMOs must cover at least 2 days in the hospital after vaginal delivery and 4 days after a C-section.
- For low-cost health insurance for middle-income pregnant women, call **AIM Program**.



Health Care for Teens

Teens often don't get the care they need. Help your teen find a doctor he likes or see if your HMO offers a clinic just for teens. Explain to your teen that some services are confidential, such as treatment for substance abuse, physical abuse, STDs and birth control. Call **Talking with Kids**.



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Eyewire Collection

things you can do

Urgent Care for Children

Children often need appointments the day they get sick. Ask your children's doctor or nurse how to make same-day, evening and weekend appointments.

Healthy Families Insurance

You may be able to get low-cost health, dental and vision insurance for children through some HMOs. It's a great choice if you qualify. Call **Healthy Families**.

More Information for Parents

Ask your HMO about classes on childbirth, breastfeeding, nutrition or exercise. Visit www.wellnessguide.org.

Children with Special Needs

- If your child has a disability or chronic condition, [see pages 16 or 28](#).
- For help getting services, call **Family Voices**.
- For help paying for treatment, call California Children's Services at your county Health Department.
- For more resources, visit www.wellnessguide.org.

where to find help

AIM Program

Low-cost health insurance for pregnant women and infants

1-800-433-2611

Childbirth

Information on childbirth www.childbirth.org

Family Voices

Health care advocacy for children with disabilities

1-888-835-5669 www.familyvoices.org

Healthy Families

Health insurance for families with low incomes

1-800-880-5305 www.healthyfamilies.ca.gov

KidsHealth

Health care for children www.kidshealth.org

Talking with Kids

Free booklet on talking with kids about difficult issues

1-800-244-5344 www.talkingwithkids.org

The Wellness Guide

Health information and resources

www.wellnessguide.org

Questions & Answers

Q: Do I need a referral in an emergency or if I am seriously ill?

A: No. If you need specialist care in an emergency, you do not need a referral. If you are seriously ill but not in immediate danger, you do need approval first. Your HMO must reply to your request within 3 days.

Q: If I need ongoing care from a specialist, do I need to get a referral for each visit?

A: Not if you have a “standing referral.” Ask your doctor or HMO how to get one.

Q: I have HIV. How can I see someone who knows about my condition?

A: People with HIV have the right to get a standing referral to a doctor who specializes in treating HIV/AIDS.

Q: Do I need a referral to see an obstetrician/gynecologist?

A: No. You may see an obstetrician/gynecologist in your HMO’s network without a referral.

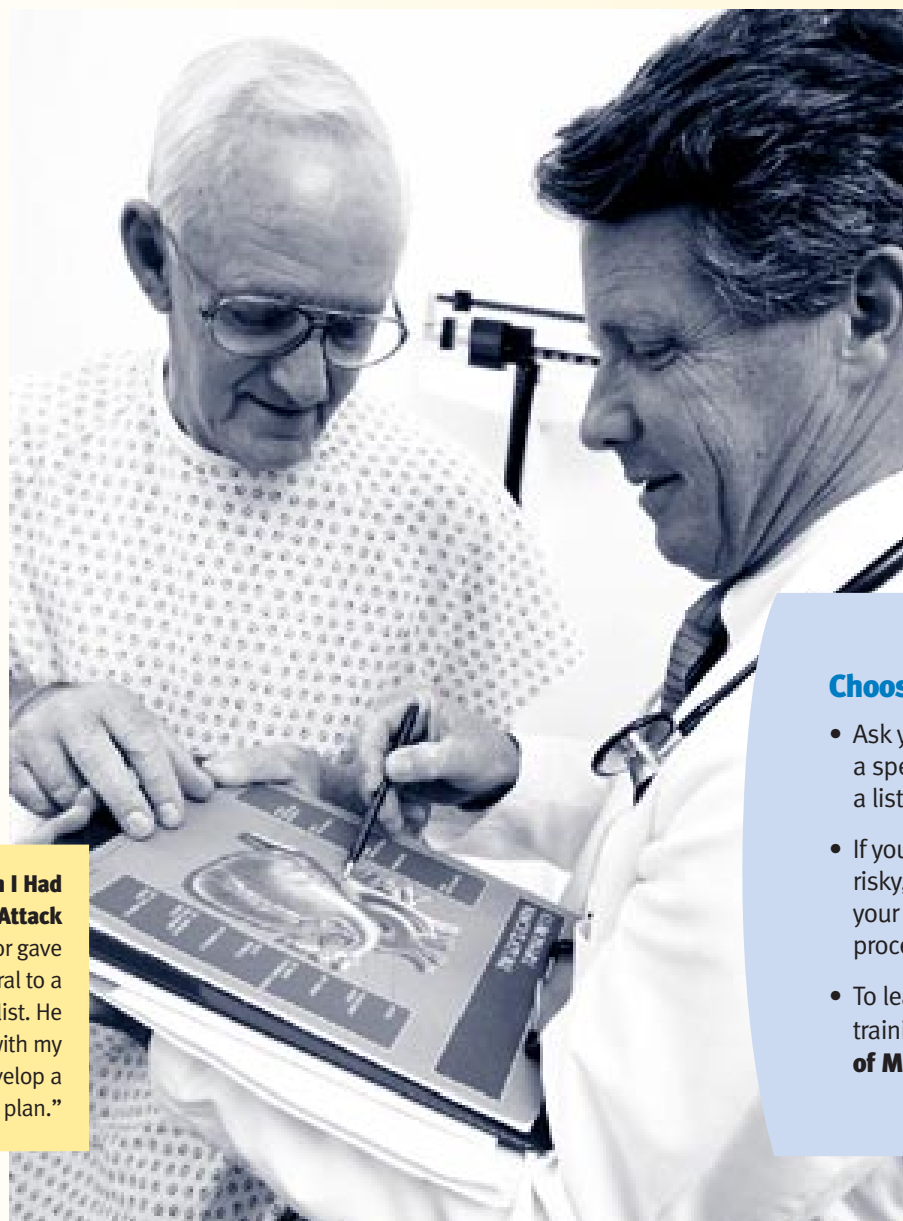
When I Had a Heart Attack

“My doctor gave me a referral to a heart specialist. He worked with my doctor to develop a treatment plan.”

A specialist is a doctor who has extra training in one area of medicine. For example, an oncologist is trained to treat cancer, and a gerontologist is trained to treat the problems of aging.

You usually need a referral from your primary care doctor to see a specialist. You may also need approval from your HMO. In most cases, you must see specialists who are in your HMO’s network.

It can be hard to get a referral to a specialist. Even with a referral it can be difficult to get an appointment. Many specialists have long waiting lists. Ask your doctor or HMO for help when you need to see a specialist.



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Choosing a Specialist

- Ask your doctor to recommend a specialist or ask your HMO for a list of specialists.
- If you need a procedure that is risky, look for a specialist in your plan who has done the procedure many times.
- To learn about a specialist’s training, call **American Board of Medical Specialists**.

Your Primary Care Doctor Leads the Medical Team

Your primary care doctor can handle most of your health care needs. Sometimes she will work with specialists to plan your care and provide treatment. You will usually return to her for routine care.

Pediatric Specialists

Ask your HMO which pediatric specialists are available. They are specialists with extra training in children's care.



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things you can do

Ask How to Get a Referral to a Specialist

- Ask your doctor how to see a specialist in his Medical Group.
- Ask your HMO how to see a specialist who is in your HMO's network but not in your doctor's Medical Group.
- Ask how long it will take to get a referral to a specialist.

To See a Specialist Who's Not in Your HMO

If there's no specialist in your HMO who can provide the care you need, or if the waiting list is too long, ask your HMO to approve a referral to a specialist outside its network. Or you may choose to pay for the visit yourself.

If You Can't Get the Referral You Request

If you ask for a referral and it's not approved, your doctor should tell you why. If you disagree, you can file a complaint with your HMO. Call your **Member Services** or [see page 50](#).

Your Doctor May Refer You to a Specialist If

- You need a treatment or therapy that requires special training to perform.
- Your test results are conflicting or unclear.
- Your current treatment is not helping you.
- You have a serious condition and need a doctor who knows more about treating it.

To learn about a specialist's training, visit www.abms.org.

where to find help

American Board of Medical Specialists

Information about specialists' training

1-866-275-2267

www.abms.org

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: Why does my plan make me take generic drugs instead of brand-name drugs?

A: Generic drugs cost less than brand-name drugs. When a company's patent on a new drug ends, other companies can make the drug. It becomes generic and costs less.

Q: My condition was improving, but my HMO took my medicine off the formulary. Can they do that?

A: Your HMO can change its formulary. But if you can show that you need the drug, your HMO may cover it for you. [See pages 50–55.](#)

Q: I'm leaving my job. What can I do to protect my prescription drug benefits?

A: Try to keep your insurance through COBRA. It usually costs more to get drug benefits on your own. [See page 14.](#)

Q: I saw an ad on TV for a new drug. But my doctor won't give it to me. Why?

A: Ask your doctor. He may think you don't need it. If your doctor thinks you need it but it's not in your HMO's formulary, [see pages 50–55.](#)

Not all plans include prescription drug benefits. If yours does, your doctor will usually choose medicines from your HMO's formulary. The formulary is a list of the medicines your plan covers. You must get your HMO's approval to use drugs that are not on this list.

The drugs in the formulary are usually generic drugs. These drugs cost less than brand-name drugs but have the same basic ingredients. You may be able to get brand-name drugs for a higher copayment.

Your HMO may cover some medical equipment, like walkers and wheelchairs. Only equipment that is medically necessary will be covered, and you may have to pay part of the cost.

Prescription Drug Costs

If your plan covers prescription drugs, you will pay a fee, called a copayment, each time you pick up a prescription. Some drugs may have higher copayments than other drugs. There may be a yearly limit on the amount your plan will pay for drugs.

© Richard Price/Getty Images/IFG



Tell Your Doctor About All Your Medications

Lily shows her new doctor all the medicines she takes and asks if she should keep taking them.



© Don Smetzer/Getty Images/Stone

Medical Equipment

Larry's crutches qualify as medical equipment. He needs them to stay healthy and active.

Take Charge of Your Medications

If your doctor suggests a new medication, ask about side effects, risks and benefits. Ask about other treatments or what could happen if you go without treatment.

Tell your doctor about any allergies or bad reactions you have had to medications. Tell him all the medicines, vitamins and herbs you take. And tell him if a drug does not seem to be helping.

things you can do

When You Order a Prescription or Refill

- Ask your doctor or pharmacist what the copayment will be.
- If you need a refill that day, order it early in the morning.
- If your doctor needs to approve a refill, order it several days ahead of time.
- When you pick up a prescription, make sure it's correct.
- Talk to your pharmacist when you get a new medication.
- Ask your HMO about ordering prescriptions by mail. They may cost less. You can order for several months at a time.

Your HMO's Formulary

Ask to see your HMO's formulary—the list of drugs your HMO covers. Ask how often your HMO changes its formulary. To see what's in California HMO formularies, visit <http://ca.mcodrugs.com>.

Birth Control

If a plan covers prescription drugs, it must cover prescription birth control methods, like birth control pills.

Keep Drug Costs Down

- When your doctor gives you a prescription, ask if your HMO covers it.
- Ask for generic drugs.
- If you are on Medicare, [see page 21](#).
- For help paying for HIV/AIDS medications, call **AIDS Drug Assistance Program**.
- Ask your doctor about free samples and drug company discounts for people with low incomes.

Medical Supplies and Equipment

- Equipment like crutches and wheelchairs is called durable medical equipment. You may need your HMO's approval to get equipment. [See page 29](#).
- HMOs must cover most home care supplies for diabetes.

where to find help

AIDS Drug Assistance Program

Help paying for drugs to treat HIV/AIDS

1-888-311-7632

www.ramsellcorp.com

California Internet Formulary

HMO drug formularies

<http://ca.mcodrugs.com>

Notes:

Questions & Answers

Q: If I get mental health services through my HMO, will my employer or anyone else know?

A: In some cases, others may see your medical records. If you apply for new insurance, the company may ask to view your records. If you are involved in a court case, the court may decide to look at your records. Visit www.calpatientguide.org.

Q: The medication I take for my depression helps, but I feel there's a lot of prejudice against people with problems like mine. What can I do?

A: You have the right to be treated with respect. Self-advocacy groups can help you stand up for your rights and get support. Call **National Mental Health Association** or **California Network of Mental Health Clients**.

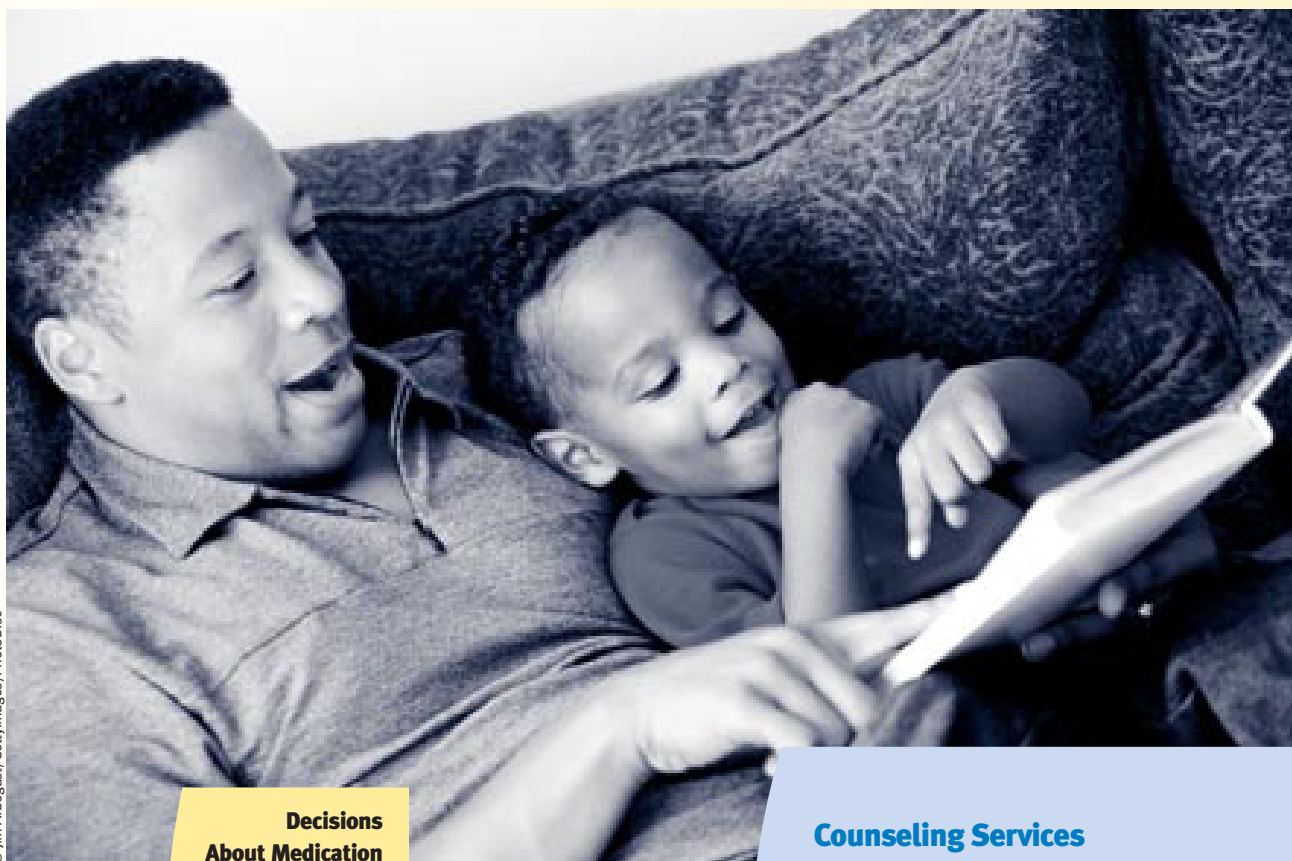
Q: I'm on Medi-Cal. Can I get counseling?

A: Yes. If you need mental health services, you can call your County Mental Health Agency. See page 19.

Counseling, medication and hospital treatment are health care services for problems like depression and anxiety. These services help many people, whether they have a short-term or a long-term problem.

Your HMO must cover some serious mental health conditions. Children as well as adults have this coverage.

Even if your condition does not seem serious, your HMO may provide some benefits. For example, if you feel a lot of anxiety or stress, you may be able to see a counselor.



© Jim Arbogast/Getty Images/PhotoDisc

Decisions About Medication

"I take medication for my depression. I had to work with my doctor and try three medications before finding this one."

Counseling Services

If you don't have a serious mental health problem, your plan may still cover a limited number of counseling visits—such as 20 individual visits or 40 group visits a year. Your copayment for counseling may be higher than the copayment for a doctor's visit.

Mental Health Care for Serious Conditions

HMOs must cover some mental health conditions, like severe depression, manic depression, schizophrenia, panic disorders and eating disorders. They must also cover children's serious emotional problems.

Your HMO must provide the same benefits for these conditions as it provides for other medical conditions. The copayments must be the same. If your plan covers prescription drugs, medications for these conditions must also be covered. This is required by the state Mental Health Parity Law.

Mental Health Care for Teens

"My daughter was having panic attacks. Our doctor helped her find counseling through our HMO."



© Harry Cutting

things you can do

If You Want Mental Health Care Services

- You may be able to get services without a referral from your doctor. Ask your HMO.
- Ask your HMO what services are covered.
- Ask about keeping services confidential.

Mental Health Care

- Care may include visits to a counselor, psychologist or psychiatrist, or group therapy.
- Most plans cover up to a month of hospital (inpatient) care. Some cover a shorter stay with follow-up care.
- If you cannot work because you are in the hospital, you may be covered by Disability Insurance or Family Medical Leave. Talk to your employer.
- If you are put in the hospital without your consent or feel you are being treated badly in the hospital, call **California Office of Patients' Rights** or **Protection & Advocacy**. You can also call if you want to refuse medication.
- Your HMO may offer support groups for people dealing with issues like smoking, drinking, stress or parenting.

Medications

Ask your doctor about side effects. If a medication does not seem to be helping, ask about other options. [See page 40.](#)

where to find help

California Network of Mental Health Clients

Peer support for mental health clients

1-800-626-7447

www.cnmhc.org

California Office of Patients' Rights

Advocacy for patients hospitalized with mental illness

1-800-254-5166

California Patient's Guide

A guide to health care rights

www.calpatientguide.org

National Mental Health Association

Information, advocacy and referrals for adults and children

1-800-969-6642

www.nmha.org

Protection & Advocacy

Legal advocacy for people with disabilities

1-800-776-5746

www.pai-ca.org

Notes:

Questions & Answers

Q: What if it's an emergency and the nearest hospital is not in my HMO's network?

A: Your HMO will cover emergency care at any hospital. But you should call your HMO as soon as possible. Your HMO may move you to a hospital in your plan when your condition is stable.

Q: What about ambulance services?

A: Your HMO must cover ambulance services in an emergency.

Q: What if my HMO refuses to pay for my emergency care?

A: You and your HMO may not agree on what problems require emergency care. If this happens, you can file a complaint. [See pages 50–55](#) or call **HMO Help Center**.

In an emergency, you should call 9-1-1 or go to the nearest emergency room. Your HMO must cover emergency care. If you can, try to go to a hospital in your HMO. However, any emergency room must treat you until you are well enough to be moved to your own hospital. Your HMO must pay for this treatment.

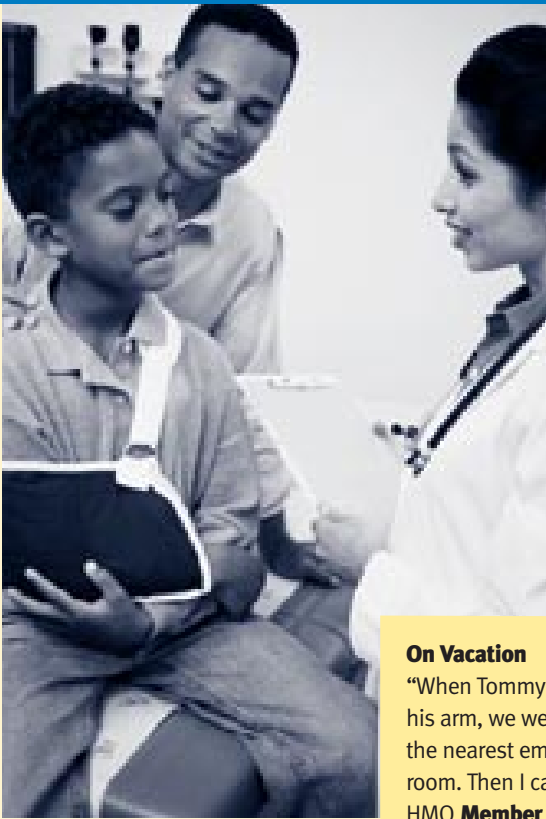
In general, the law says it's an emergency if a reasonable person who does not have medical training would think it's an emergency. If you are not sure if it's an emergency and there's time to call, phone your HMO or doctor. If you need care soon but not immediately, you may be able to use your HMO's urgent care services. Urgent care is care you need within 24 to 48 hours.

Custom Medical Stock Photo



In an Emergency

Go to a hospital in your HMO if possible. Otherwise, go to the nearest emergency room. Shock, severe wounds, a heart attack and labor are all emergencies.



© Gettyimages/Eyewire Collection

On Vacation

“When Tommy broke his arm, we went to the nearest emergency room. Then I called our HMO **Member Services** to get approval for his follow-up care.”

What Is an Emergency?

It is an emergency if

- Waiting to get care would be dangerous to your life, body parts or major body functions.
- A reasonable person who does not have medical training would think it was an emergency.

Severe pain and active labor are also emergencies.

things you can do

Call the Advice Nurse at Your HMO

Your HMO’s Advice Nurses can help you decide what care you need.

Poison Hotline

If someone swallows or inhales something poisonous, call **Poison Hotline** right away. You will be told what to do.

Your Rights

- If it’s an emergency, you can get care at any hospital emergency room, even if it’s not part of your HMO. Your HMO must pay for it.
- If you are in a hospital that is not part of your HMO, your HMO may move you to a network hospital. Your condition must be stable, so that the move won’t make it worse.
- If you are in labor, you can go to any emergency room. But try to go to your own hospital.
- For more information, visit www.calpatientguide.org.

Be Prepared

- Learn your plan’s guidelines for emergency and urgent care.
- Ask about the copayment for emergency room visits. It may be higher than other copayments.
- Ask your doctor what to do if your child needs urgent care.
- Ask about hospitals and urgent care centers in your HMO.
- Keep your HMO membership card with you at all times.

When You’re Traveling

Your HMO should pay for emergency and urgent care when you are out of its service area. You should call your HMO as soon as possible. If your HMO won’t pay the bill, [see pages 50–55](#).

where to find help

California Patient’s Guide

A guide to health care rights www.calpatientguide.org

HMO Help Center

Information and help for California HMO members

1-888-HMO-2219 www.hmohelp.ca.gov

Member Services

To find your HMO’s phone number, [see page 60](#)

Poison Hotline

Emergency help for victims of poisoning

1-800-222-1222 www.calpoison.org

Questions & Answers

Q: I am scheduled for a hysterectomy, but I am staying in the hospital only two nights. That doesn't seem long enough.

A: Hospital stays are shorter these days. This is partly because hospital care is very costly. But there's another reason—many people recover better at home than in the hospital.

If you feel you need a longer hospital stay, ask your doctor if he can arrange it. Or [see page 50](#). If you're on Medicare, [see page 20](#).

Q: I was in the hospital, and some of the staff were really rude. They ignored my requests for help. What can I do?

A: You can complain to your doctor and the hospital. You can also write a letter to your HMO. [See page 50](#).

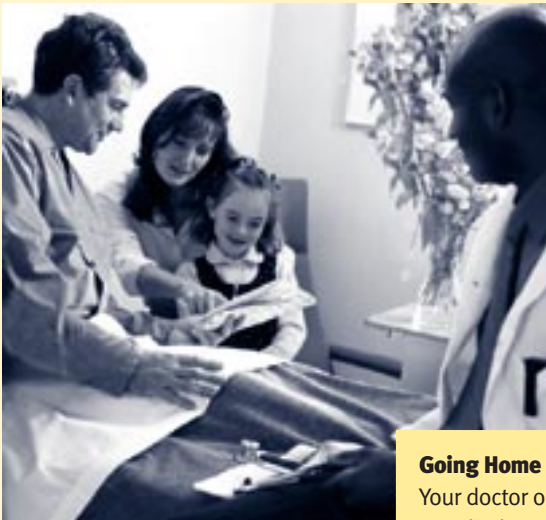
Visitors Are Important

If a relative or friend helps watch out for you in the hospital, you'll probably get better care.

Some care requires overnight stays in a hospital. This is called inpatient care. It can include childbirth, surgery, substance abuse treatment and chemotherapy.

Your doctor usually refers you for hospital care. If there is more than one hospital in your plan, your doctor can help you choose the one that's best for your condition. Ask your doctor who will oversee your care in the hospital and what you can expect during and after your treatment.





© Romilly Lockyer/Brand X Pictures/PictureQuest

Going Home

Your doctor or nurse or a discharge planner will talk with you and your family about care at home.

Choosing a Hospital

Find out which hospital in your plan treats your condition most often. If a hospital has a lot of experience with your condition, you will probably get better care. For more information on hospitals, visit www.healthscope.org and www.jcaho.org.

If you and your doctor think that you need to be treated at a hospital outside your plan's network in order to get the care you need, you can ask your HMO. If your HMO says no, see page 52.

things you can do

Know Your Hospital Benefits

- In most cases, you must use the hospitals in your plan's network. Ask your HMO for a list.
- Unless it's an emergency, you must have a referral from your doctor to get hospital care.
- If you are in a hospital that's not in your HMO's network, call your HMO as soon as possible.
- For more information, visit www.calpatientguide.org.

Before Your Hospital Stay

- Ask how long you are likely to stay in the hospital.
- Ask people you trust to visit and watch out for your care.
- Find out who will coordinate your care in the hospital. Will it be your doctor or someone else?
- If you are having surgery, make sure to meet with your surgeon and anesthesiologist ahead of time. Ask any questions you have. Visit www.facs.org.
- Make sure you understand what will happen during your procedure and how long recovery may take.
- Fill out an Advance Health Care Directive to tell others what kind of care you want if you are not able to speak for yourself. See page 49.

After Your Hospital Visit

You may need more care, such as physical therapy, nursing care or help around the house. Most hospitals have someone called a discharge planner who can help you decide how much help you will need and where to find it.

where to find help

American College of Surgeons

Information on common operations and choosing a surgeon
www.facs.org

California Patient's Guide

A guide to health care rights www.calpatientguide.org

HealthScope

Information on California hospitals www.healthscope.org

JCAHO (Joint Commission on Accreditation of Healthcare Organizations)

Information on standards for hospitals

1-800-994-6610

www.jcaho.org

Notes:

Questions & Answers

Q: I filled out an Advance Health Care Directive to say what care I want if I can't speak for myself. How can I make sure it's followed?

A: Make sure it is signed and witnessed. Ask your doctor to put it in your medical file. Discuss it with your doctor and your family and closest friends. Make sure they will follow your wishes.

Q: My father was in a coma for a week before he died. I had to make all the decisions about his care. Is there help for people in my situation?

A: Some medical decisions are very hard to make, especially if you are deciding for someone you love. Ask if the hospital has a counselor or doctor to help with ethical and religious questions.

Work closely with your doctor and HMO so that the care you or your loved one has in the last months and days of life is the best possible. Your HMO offers services, such as hospice care and pain management, that can make a big difference during a very difficult time.

There are choices you can make ahead of time about your last days and your death. Do you want to be at home or in a hospital? What treatments do you want or not want? If you cannot make decisions, who will make them for you? Fill out an Advance Health Care Directive and talk to your doctor, family and close friends about your wishes.

© Sutter VNA/Hospice



Hospice Care

Lisa, a hospice volunteer, visits with Frank during his last days.



© Harry Cutting

My Son and I Had to Speak Up

"My husband was in terrible pain. We knew he had the right to more pain medication. We really had to speak up—but it worked, and his last weeks were peaceful."

Hospice

Hospice care offers help for people who are dying. It provides emotional support, pain management and other services. HMOs must cover hospice care benefits.

In hospice, a nurse visits regularly. She advises the family and helps with medications, bathing and other care. The nurse can also help the family deal with emotional stress and make the final arrangements when the patient dies. For more information, visit www.calregistry.com.

things you can do

Protect Your Wishes with an Advance Health Care Directive

This is a form that lets you say what kind of care you want and who will make health care decisions for you if you can't. The form must be signed and witnessed. Give copies to your doctor, family and close friends. Talk to them about your wishes. To order a form, call **California Healthcare Association**.

Pain Management

If an HMO plan covers prescription drugs, it must cover pain medications for people who are dying. Make sure your doctor provides enough pain medication.

Different Kinds of Care

- Hospice care can be provided at home, in a hospital or in a nursing home. Family or friends may assist.
- Ask your HMO about coverage for nursing home care. For more information on nursing home care, call **HICAP** or visit www.calregistry.com.
- HMOs do not cover long-term care. For information on long-term care, call **AARP** or **HICAP**.

Help for Caregivers

Your HMO's hospice program can help you find extra support and deal with emotional stress. Your HMO may also have a social worker you can talk with. Visit www.caregiver.org.

where to find help

AARP

Information on health care and other issues for seniors

1-800-424-3410 www.aarp.org

California Healthcare Association

Free Advance Health Care Directive forms

1-800-494-2001 www.calhealth.org

California Registry

Information on hospice care and long-term care

1-800-777-7575 www.calregistry.com

Caregiver Resource Center

Help for family caregivers

www.caregiver.org

HICAP (Health Insurance Counseling & Advocacy Program)

Information, counseling and advocacy for Medicare members

1-800-434-0222

Notes:

If You Have a Complaint

It can be hard to know what to do if you have a problem with your health care. You may feel overwhelmed, especially if you or someone you love is sick.

Questions & Answers

Q: What is a grievance?

A: It is a complaint. Your HMO may have a form you can use to file a grievance.

Q: My doctor says I can't get a service that I think I need. Do I complain to my HMO or my doctor?

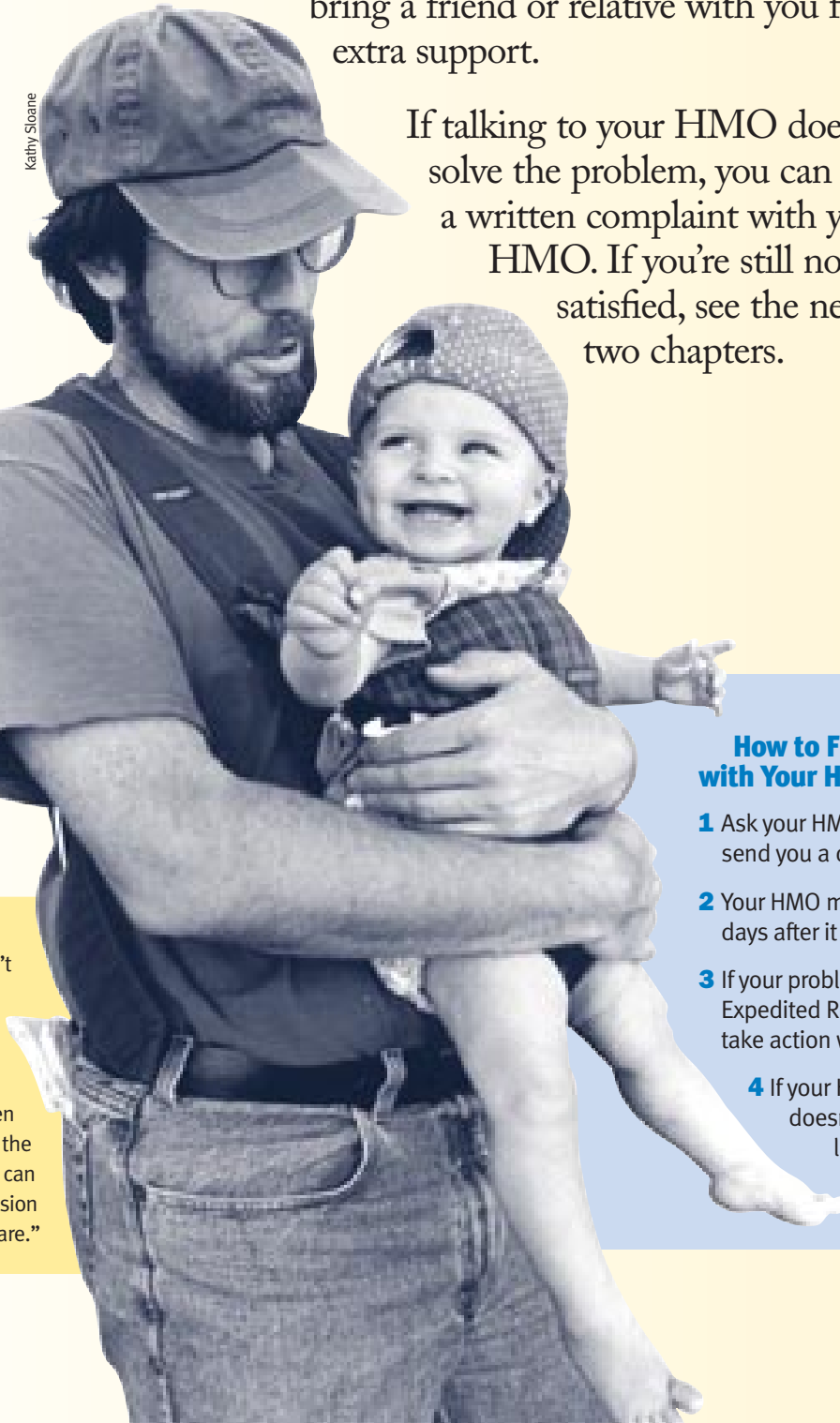
A: Ask your doctor why you can't get the service. If you're not satisfied with the answer, file a complaint with your HMO. Send a copy to your doctor and your doctor's Medical Group.

Q: I've read that many minorities don't get good care. This happened to me—my doctor didn't tell me all the things I could do for my diabetes. What can I do?

A: You can file a complaint with your HMO. If that does not help, [see page 52](#).

Take Action

"My HMO wouldn't approve the tests Sam needed. So I got my doctor to write a letter, and I sent in a written complaint. We got the tests, and now we can make a better decision about Sam's care."



Kathy Sloane

If you're not satisfied with your care, meet with your doctor and talk to your HMO's Member Services. Take notes and bring a friend or relative with you for extra support.

If talking to your HMO doesn't solve the problem, you can file a written complaint with your HMO. If you're still not satisfied, see the next two chapters.

How to File a Complaint with Your HMO

- 1 Ask your HMO **Member Services** to send you a complaint form.
- 2 Your HMO must take action within 30 days after it receives your complaint.
- 3 If your problem is urgent, ask for an Expedited Review. Your HMO must take action within 3 days.
- 4 If your HMO still won't help or doesn't reply within the time limit, [see page 52](#) or call **HMO Help Center**.

Speak Up for Yourself

- Take notes when you have a phone call or meeting.
- Get the name of the person you talk to.
- Have someone with you for extra support.
- If you are denied care, ask for the reason in writing.
- If the person you talk to isn't helpful, ask to speak to a supervisor.
- If different people tell you different things about the services you can get, ask to speak to a supervisor.

Be Persistent

It may take many calls to get the services you need.



© Keith Brofsky/Gettyimages/PhotoDisc

things you can do

Call Your HMO Member Services First

If you have a problem, call your HMO's **Member Services**. You may be able to solve your problem with a phone call.

Talk to Someone Who Can Help

- There are groups that can help you if you have a problem with your HMO. Call a local legal aid group or see [page 56](#).
- If you have Medicare, you can get help from **HICAP**.
- If you have Medi-Cal, call **Medi-Cal Managed Care Ombudsman**.
- Your benefits office at work may be able to help you, too.

You Have the Right to

- Be treated with courtesy and respect.
- Get quality health care in a timely manner.
- Get an appointment when you need one.
- Get care from qualified medical personnel.
- Choose a doctor you trust.
- Understand your condition and the risks and benefits of different treatments.
- Get a second opinion.
- Choose or refuse treatment.

What About Customer Service Problems?

If you're treated rudely, can't get the appointment you need or have to wait too long, talk to a supervisor or call **Member Services**. If that doesn't help, file a complaint.

where to find help

HICAP (Health Insurance Counseling & Advocacy Program)

Information, counseling and advocacy for Medicare members

1-800-434-0222

HMO Help Center

Information and help for California HMO members

1-888-HMO-2219

www.hmohelp.ca.gov

Medi-Cal Managed Care Ombudsman

Help with a problem you can't solve with your Medi-Cal HMO

1-888-452-8609

Member Services

To find your HMO's phone number, [see page 60](#)

Notes:

Questions & Answers

Q: What does the HMO Help Center do?

A: The HMO Help Center provides information and assistance to HMO members, in many languages. It can also help you file a complaint or request an Independent Medical Review. It does not work for any HMO.

Q: How do I know if I should file a complaint with my HMO or with the HMO Help Center?

A: Usually it's best to file a written complaint with your HMO first. But if your problem is urgent, or you aren't sure, call **HMO Help Center**.

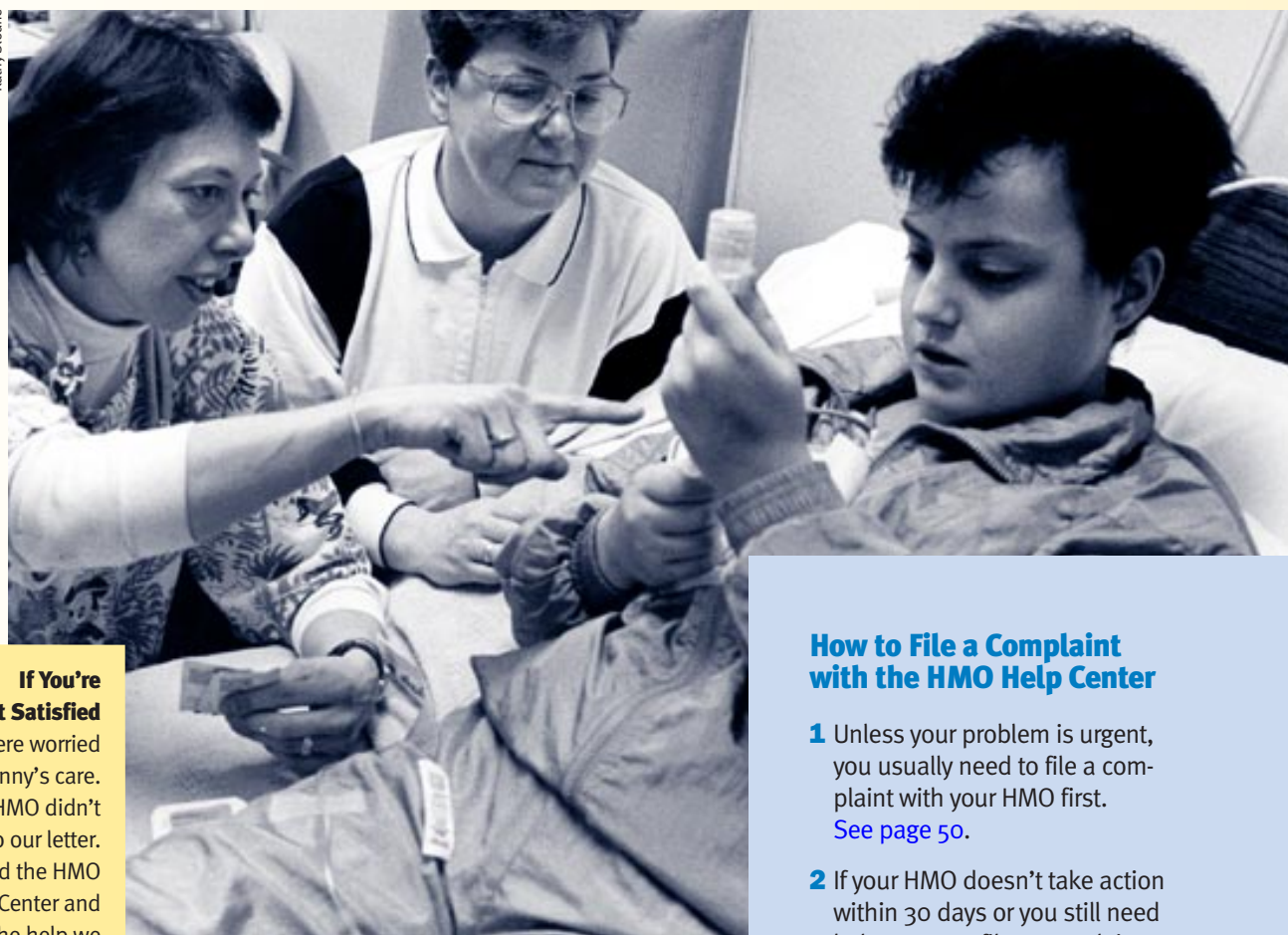
Q: The complaint process seems to take a long time. I need care now. What should I do?

A: Call **HMO Help Center** now and ask what you can do.

You can prevent many problems by understanding your benefits and working closely with your doctor and your HMO. If you're not satisfied with how your HMO responds to your problem, you can call the HMO Help Center.

The HMO Help Center is a toll-free help line for all California HMO members. You can call 24 hours a day, 7 days a week. The staff at the HMO Help Center can help you understand your options. They may be able to solve your problem with a few phone calls. If you need to file a complaint, they may be able to help you.

Kathy Sloane



If You're Not Satisfied

"We were worried about Kenny's care. Our HMO didn't respond to our letter. We called the HMO Help Center and got the help we needed."

How to File a Complaint with the HMO Help Center

- 1 Unless your problem is urgent, you usually need to file a complaint with your HMO first. [See page 50.](#)
- 2 If your HMO doesn't take action within 30 days or you still need help, you can file a complaint with the HMO Help Center.
- 3 To file a complaint, call **HMO Help Center**. To see a complaint form, visit www.hmohelp.ca.gov.

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Finding Help

When Angela had a problem with her daughter's care, she found a local legal aid group that was able to help.

What Happens After You File a Complaint

- 1 You will usually get a letter from the HMO Help Center that explains the decision. You should get it within 30 days, or sooner if your problem is urgent.
- 2 If the complaint is decided in your favor, your HMO must comply.
- 3 If the complaint is not decided in your favor, the letter will tell you why.

things you can do

If You Need Help Right Away

If your problem involves a serious or immediate threat to your health, such as denial of treatment for a life-threatening disease, call the **HMO Help Center**. Say that your problem is urgent.

Find Other Organizations That Can Help

Many of the resources mentioned in this guide can help you understand your rights and get better care. See page 56 for a complete list. You can also call a local legal aid society.

If You Have Medicare or Medi-Cal

Your complaint process is different. If you have Medicare, see page 21 or call **HICAP**. If you have Medi-Cal, see page 19 or call **Medi-Cal Managed Care Ombudsman**.

The Office of the Patient Advocate

Learn more about your rights and responsibilities as an HMO member. Visit www.opa.ca.gov.

where to find help

HICAP (Health Insurance Counseling & Advocacy Program)

Information, counseling and advocacy for Medicare members

1-800-434-0222

Medi-Cal Managed Care Ombudsman

Help with a problem you can't solve with your Medi-Cal HMO

1-888-452-8609

Office of the Patient Advocate

Information on California HMOs

1-866-466-8900

www.opa.ca.gov

HMO Help Center

Information and help for California HMO members



1-888-HMO-2219

www.hmohelp.ca.gov

Notes:

Questions & Answers

Q: How does the Independent Medical Review (IMR) decide if my HMO should pay for a treatment I want?

A: The IMR looks at your medical needs to see if the treatment is necessary to your medical care. The kind of treatment you want must be covered by your benefits package.

Q: My doctor recommended an experimental treatment, but my HMO won't cover it. How would the IMR make a decision?

A: The IMR compares the treatment your HMO offers with the treatment your doctor recommends, to see which is more likely to help you. Your benefits package must cover this general kind of treatment.

Q: What happens if I win my appeal?

A: Your HMO must comply with the decision. Some cases are settled because the HMO agrees to give the medical care before the IMR is completed.

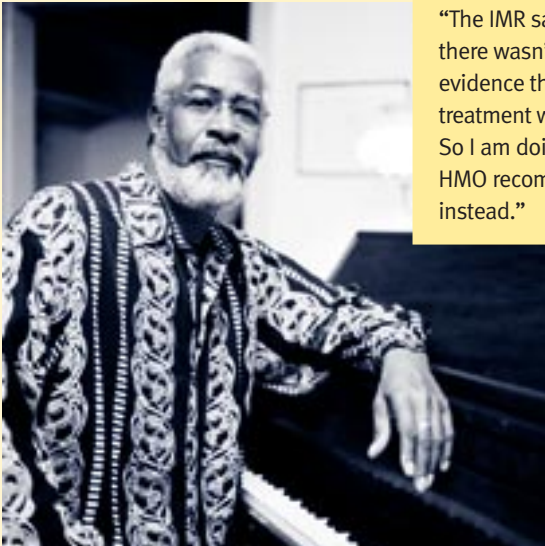
You and your HMO may disagree about the care you need. Your HMO may say that the treatment you've asked for is not necessary for your health or is experimental. Or you may have gotten emergency care that your HMO won't pay for.

If these things happen, you can ask for an Independent Medical Review, or IMR. The State of California hires an independent organization to conduct these reviews. This organization has doctors who review the cases. The doctors are experts on your condition, but they are not part of your HMO. And they do not get money from your HMO.

We Asked for an IMR

Juan says, "When my plan stopped covering my medication, I called the HMO Help Center. They told us about IMR and helped us through the whole process."





© Kim Steel/Getty Images/PhotoDisc

I Wanted to Try a New Treatment for Prostate Cancer

“The IMR said that there wasn’t enough evidence that the treatment would work. So I am doing what my HMO recommended instead.”

things you can do

To Request an Independent Medical Review (IMR)

- Call **HMO Help Center**. The staff will help you with the review process. If your problem does not qualify for an IMR, they will tell you what else you can do. In some cases you must file a written complaint with your HMO first.
- If your problem is urgent, **HMO Help Center** will help you request a faster review.
- Your IMR must usually be decided within 30 days—or sooner if your problem is urgent. You do not attend the review.
- You must ask for a review within 6 months after your HMO denies your request.

Read Summaries of the Decisions

Each Independent Medical Review decision is based on the person’s situation. Your name and medical records are not made public. You can read summaries of all IMR decisions. Visit www.hmohelp.ca.gov.

If You Have Medicare or Medi-Cal

Medicare has its own review process. See page 20 or call **HICAP**. If your Medi-Cal HMO denies the services you need, call **Medi-Cal Fair Hearing** or see page 19.

If You’re Still Not Satisfied

You may be able to take further action. You have the right to sue if you’ve suffered serious bodily harm. HMO members usually resolve their cases through a process called binding arbitration. This process settles cases out of court. Before you take any action, talk to a lawyer. Visit www.calpatientguide.org.

You Can Request a Review

- If you had emergency or urgent care and your HMO won’t pay for it.
Or
- If you requested a service and your HMO says it’s not medically necessary. You must file a written complaint with your HMO first and wait 30 days for a response. If your problem is urgent, you can call **HMO Help Center** now.
Or
- If you asked for experimental or investigative treatment for a serious condition and your HMO won’t pay for it.

In general, the kind of service you ask for must be part of your benefits package. For example, if you don’t have prescription drug benefits, an experimental drug may not be covered.

where to find help

California Patient’s Guide

A guide to health care rights www.calpatientguide.org

HICAP (Health Insurance Counseling & Advocacy Program)

Information, counseling and advocacy for Medicare members

1-800-434-0222

HMO Help Center

Information and assistance for California HMO members

1-888-HMO-2219 www.hmohelp.ca.gov

Medi-Cal Fair Hearing

File an appeal if your HMO denies you the services you need

1-800-952-5253

Notes:

This is a list of all the phone numbers and websites in this guide

- Most of these resources have people who can help you find information or solve a problem.
- If you are having trouble with a recorded message, stay on the line and someone will probably answer. Or try pressing “0.”
- If there’s no TTY, call **7-1-1**. If you have a speech disability, you can use the Speech-to-Speech Relay. Call **1-800-854-7784**.
- Not all websites are accessible to people with disabilities. If a site is not accessible, e-mail the webmaster.
- Toll-free phone numbers begin with **1-800**, **1-866**, **1-877** and **1-888**. Other phone numbers are not toll-free.

• means there is usually someone who speaks Spanish.

Resource	Description	Voice	TTY	Website
AARP	Information on health care and other issues for seniors	1-800-424-3410	• 1-877-434-7598	www.aarp.org
Agency for Healthcare Research and Quality	Information on choosing quality health care and Personal Health Guides to routine care	1-800-358-9295	• 1-888-586-6340	www.ahrq.gov
AIDS Drug Assistance Program	Help paying for drugs to treat HIV/AIDS	1-888-311-7632	•	www.ramsellcorp.com
AIM Program	Low cost health insurance for pregnant women with low and middle incomes	1-800-433-2611	•	
American Board of Medical Specialists	Information about specialists’ training	1-866-275-2267		www.abms.org
American College of Surgeons	Information on common operations and choosing a surgeon			www.facs.org
Americans with Disabilities	The rights of people with disabilities	1-800-514-0301	• 1-800-514-0383	
AT Network	Information on equipment and assistive technology	1-800-390-2699	1-800-900-0706	www.atnet.org
California Advocates for Nursing Home Reform	Information and help for nursing home residents	1-800-474-1116		www.canhr.org
California AIDS Hotline	Information on HIV/AIDS services	1-800-367-3437	1-888-225-2437	www.sfaf.org
California Black Women’s Health Project	Information on black women’s health; help for women in Los Angeles	1-310-412-1828		www.cabwhp.org
California Foundation for Independent Living Centers	Resources for people with disabilities	1-916-325-1690		www.cfildc.org

• means there is usually someone who speaks Spanish.

Resource	Description	Voice	TTY	Website
California Health Advocates	Information on Medicare			www.cahealthadvocates.org
California Healthcare Association	Free Advance Health Care Directive forms	1-800-494-2001		www.calhealth.org
California Health Decisions	Tips for using health care services			www.cahd.org
California Internet Formulary	Information on drug formularies			http://ca.mcodrugs.com
California Medical Review	Medicare HMO quality of care problems	1-800-841-1602	• 1-800-881-5980	www.cmri-ca.org
California Network of Mental Health Clients	Peer support for mental health clients	1-800-626-7447		www.cnmhc.org
California Office of Patients' Rights	Advocacy for patients hospitalized with mental illness	1-800-254-5166	•	
California Patient's Guide	A guide to health care rights			www.calpatientguide.org
California Registry	Information on hospice and long-term care	1-800-777-7575		www.calregistry.com
Cal Medicare (California HealthCare Foundation)	Information and help for Medicare members	1-888-430-2423	•	www.calmedicare.org
Caregiver Resource Center	Information and help for family caregivers			www.caregiver.org
Center for Health Care Rights	General information about rights and help for people in Los Angeles County	1-800-824-0780	•	www.healthcarerights.org
Centers for Medicare and Medicaid Services (CMS)	Information on Medicare, Medicaid and HIPAA			http://cms.hhs.gov
Childbirth	Information on pregnancy and childbirth			www.childbirth.org
Clinical Trials	Information on cancer treatments	1-800-422-6237	•	www.cancer.gov
Deaf Counseling, Advocacy and Referral Agency	Resources for people who are Deaf or Hard of Hearing	1-877-322-7299	1-877-322-7288	www.dcara.org
Department of Insurance	Information and help for consumers	1-800-927-4357	• 1-800-482-4833	www.insurance.ca.gov

• means there is usually someone who speaks Spanish.

Resource	Description	Voice	TTY	Website
Disability Rights Advocates	A guide to the health care rights of people with disabilities	1-888-926-0274		www.dralegal.org
Families USA	National advocacy for health care consumers			www.familiesusa.org
Family Voices	Health care advocacy for children with disabilities	1-888-835-5669	•	www.familyvoices.org
Food and Drug Administration	Information on medicines and equipment	1-888-463-6332		www.fda.gov
Health Care Options	Joining or leaving a Medi-Cal HMO	1-800-430-4263	• 1-800-430-7077	
Health Choices	Information on choosing a health plan			www.healthchoices.org
Health Consumer	Health care information in several languages			www.healthconsumer.org
Healthfinder	An introduction to health information on the Web			www.healthfinder.gov
Health Rights Hotline	Hotline for Sacramento, Placer, Yolo and El Dorado counties	1-888-354-4474	•	www.hrh.org
HealthScope	Information on health plans, Medical Groups and hospitals in California			www.healthscope.org
Healthy Families	Health insurance for low-income families	1-800-880-5305	•	www.healthyfamilies.ca.gov
HICAP	Information, counseling and advocacy for Medicare members	1-800-434-0222	•	
HMO Help Center	Information and help for California HMO members	1-888-HMO-2219	• 1-877-688-9891	www.hmohelp.ca.gov
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	Information on health care standards and filing complaints	1-800-994-6610		www.jcaho.org
KidsHealth	Information on children's health			www.kidshealth.org
Lab Tests Online	Information about lab tests			www.labtestsonline.org
Medi-Cal Fair Hearing	File an appeal if your Medi-Cal HMO denies you the services you need	1-800-952-5253	•	

• means there is usually someone who speaks Spanish.

Resource	Description	Voice	TTY	Website
Medi-Cal Managed Care Ombudsman	Help with a problem you can't solve with your Medi-Cal HMO	1-888-452-8609	•	
Medi-Cal Mental Health Care Ombudsman	Information and help with Medi-Cal mental health care services	1-800-896-4042	• 1-800-896-2512	
Medicare (1-800-Medicare)	Information and help with Medicare and nursing home care	1-800-633-4227	• 1-877-486-2048	www.medicare.gov
Medline Plus	Health information from the National Library of Medicine			www.medlineplus.gov
National Committee for Quality Assurance (NCQA)	Information on quality health care and HMO standards	1-800-839-6487		www.ncqa.org
National Guideline Clearinghouse	Care guidelines for many health conditions			www.guideline.gov
National Immunization Hotline	Immunization guidelines	1-800-232-2522	• 1-800-243-7889	www.cdc.gov/nip
National Institute on Aging	Information for seniors	1-800-222-2225	• 1-800-222-4225	www.nih.gov/nia
National Institutes of Health	Information on many health issues			www.nih.gov/health
National Mental Health Association	Information, advocacy and referrals for adults and children	1-800-969-6642	• 1-800-433-5959	www.nmha.org
National Women's Health Information Center	Health information and referrals for women	1-800-994-9662	• 1-888-220-5446	www.4woman.gov
Office of the Patient Advocate	Report cards with information on California HMOs	1-866-466-8900		www.opa.ca.gov
Poison Hotline	Emergency help for victims of poisoning	1-800-222-1222	• 1-800-972-3323	www.calpoison.org
Protection & Advocacy	Legal advocacy for people with disabilities	1-800-776-5746	• 1-800-776-5746	www.pai-ca.org
Talking with Kids	Order a booklet on talking with kids and teens about sex, violence, AIDS and drugs	1-800-244-5344	•	www.talkingwithkids.org
U.S. Department of Labor, PWBA	Information about COBRA and HIPAA	1-866-275-7922	•	www.dol.gov/pwba
The Wellness Guide	Health information and resources			www.wellnessguide.org

Look for your HMO's Member Services phone number on this list or on your membership card

- If you do not speak English, ask if you can speak to someone in your language or use a language line. [See page 30.](#)
- If your HMO does not have a TTY, you can use the Deaf Relay service. Call **7-1-1**.
- If you have a speech disability, you can use the Speech-to-Speech Relay service. Call **1-800-854-7784**.

Call your member services for general assistance and answers to your questions

- Ask questions about billing.
- Get a copy of your Evidence of Coverage or Summary of Benefits. [See page 32.](#)
- Ask about health care outside your HMO's service area.
- Get a copy of the HMO formulary. [See page 40.](#)
- File a complaint or grievance. [See page 50.](#)
- Get help with access to care for people with disabilities. [See page 28.](#)
- Add or remove family members from coverage.
- Get a replacement copy of your membership card.
- Tell your HMO when your address or phone number changes.
- Get help finding an interpreter. [See page 30.](#)

HMO	Phone	TTY	Website
Aetna US Healthcare of California	1-800-323-9930	1-800-628-3323	www.aetna.com
Alameda Alliance for Health	1-877-932-2738		www.alamedaalliance.com
Blue Cross of California:			
General	Call 800 # on ID Card		www.bluecrossca.com
Individual Plans	1-800-333-0912		www.bluecrossca.com
Large Groups	1-800-727-6662		www.bluecrossca.com
Senior Plans	1-800-333-3883		www.bluecrossca.com
Small Groups	1-800-627-8797		www.bluecrossca.com
Blue Shield of California	1-800-200-3242	1-800-241-1823	www.blueshieldca.com
Caloptima	1-888-587-8088		www.caloptima.org
Care 1st Health Plan	1-800-605-2556		

HMO	Phone	TTY	Website
Central Coast Alliance for Health	1-800-700-3874		www.ccah-alliance.org
Chinese Community Health Plan	1-415-397-3190		www.cchphmo.com
Cigna HealthCare of California, Inc.	1-800-344-0557	1-800-321-9545	www.cigna.com
Community Health Group	1-888-244-4430		www.chgsd.com
Contra Costa Health Plan	1-877-661-6230		
County of Los Angeles Community Health Plan	1-800-475-5550	1-626-299-7265	
Health Net:			
General	1-800-522-0088	1-800-929-9955	www.healthnet.com
Select	1-800-676-6976	1-800-929-9955	www.healthnet.com
Seniority Plus	1-800-275-4737	1-800-929-9955	www.healthnet.com
Health Plan of San Joaquin	1-800-932-7526		www.hpsj.com
Health Plan of San Mateo	1-800-750-4776		www.hpsm.org
Inland Empire Health Plan	1-800-440-4347		www.iehp.org
Inter Valley Health Plan	1-800-251-8191	1-800-505-7150	www.ivhp.com
Kaiser Permanente	1-800-464-4000	1-800-777-1370	www.kaiserpermanente.org
L.A. Care Health Plan	1-888-452-2273		www.lacare.org
Lifeguard, Inc.	1-800-995-0380		www.lifeguard.com
Molina Healthcare of California	1-888-665-4621		www.molinahealthcare.com
NAM California	1-909-605-8000		

HMO	Phone	TTY	Website
National Health Plans	1-800-468-8600		
One Health Plan of California, Inc.	1-800-663-8081		www.onehealthplan.com
On Lok Senior Health Services	1-415-292-8888		www.onlok.org
PacifiCare of California	1-800-624-8822	1-800-442-8833	www.pacificare.com
San Francisco Health Plan	1-800-288-5555		www.sfhfp.org
Santa Barbara Regional Health Authority	1-877-814-1861		www.sbrha.org
Santa Clara County Valley Health Plan	1-408-885-4760		
Santa Clara Family Health Plan	1-800-260-2055		www.scfhp.com
Scan Health Plan	1-800-559-3500		www.scanhealthplan.com
Scripps Clinic Health Plan Services, Inc.	1-888-680-2273		
Sharp Health Plan	1-800-359-2002		www.sharp.com
Sistemas Medicos Nacionales S.A. (SIMNSA)	1-619-297-5452		www.simnsa.com
UHP Healthcare	1-800-544-0088		www.uhphealthcare.com
Universal Care	1-800-635-6668		www.universalcare.com
University of California, San Diego Health Plan	1-619-294-6094		www.health.ucsd.edu
Ventura County Health Plan	1-805-677-8787		www.vchca.org/hcp
Western Health Advantage	1-888-563-2250	1-888-877-5378	www.westernhealth.com

My HMO's name:

Member Services phone number (see page 60):

Urgent Care phone number:

Appointment or Advice Nurse phone number:

When traveling, the phone number to call for health care:

Doctor's name:

Phone number:

Doctor's address:

Medical Group's name:

Phone number:

Other doctors and specialists our family sees

Doctor's name:

Phone number:

Doctor's name:

Phone number:

Doctor's name:

Phone number:

Doctor's name:

Phone number:

Our family's membership numbers

Family member:

Member number:

Family member:

Member number:

Family member:

Member number:

Family member:

Member number:





California's **HMO Guide**
offers useful and important
information, resources and tips about

- Choosing an HMO
- Finding a doctor
- Understanding your benefits
- Dealing with problems



*Business, Transportation
& Housing Agency*



Office of the Patient Advocate



University of California, Berkeley